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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND  
RELATED MATTERS.

Hearing held  
8th floor  
180 Dundas Street West  
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence  
for

APRIL 11, 1984

VOLUME 129

OFFICIAL COURT REPORTERS

Angus, Stonehouse & Co. Ltd.,  
14 Carlton Street, 7th Floor,  
Toronto, Ontario M5B 1J2

595-1065







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Hearing held on the 8th Floor,  
180 Dundas Street West, Toronto,  
Ontario, on Wednesday, the 11th  
day of April, 1984.

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THE HONOURABLE MR. JUSTICE S.G M .GRANGE - Commissioner  
THOMAS MILLER - Administrator  
MURRAY R. ELLIOT - Registrar

- - - -

APPEARANCES:

P.S.A. LAMEK, Q.C. )	Commission Counsel
E. CRONK )	
T.C. MARSHALL, Q.C. )	Counsel for the Attorney
D. HUNT )	General and Solicitor General
L. CECCHETTO )	of Ontario (Crown Attorneys
	and Coroner's Office)
I.G. SCOTT, Q.C. )	Counsel for The Hospital for
I.J. ROLAND )	Sick Children
M. THOMSON )	
R. BATTY )	
B. PERCIVAL, Q.C. )	Counsel for The Metropolitan
D. YOUNG )	Toronto Police
K. CHOWN	Counsel for numerous Doctors
	at The Hospital for Sick
	Children
B. SYMES	Counsel for the Registered
	Nurses' Association of
	Ontario and 35 Registered
	Nurses at The Hospital for
	Sick Children








APPEARANCES: (Continued)

H. SOLOMON	Counsel for The Ontario Registered Nursing Assistants
D. BROWN	Counsel for Susan Nelles - Nurse
C. THOMSON, Q.C. ) G.R. STRATHY ) E. FORSTER )	Counsel for Phyllis Trayner - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
B. KNAZAN	Counsel for Mrs. M. Christie - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)
J. SHINEHOFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai).



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--- On commencing at 10:00 a.m.

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THE COMMISSIONER: Yes, Mr. Lamek?

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MR. LAMEK: Mr. Commissioner, this morning Mr. Claude Thomson, Q.C. is here with Mr. Strathy as counsel for Mrs. Trayner who is today's witness, and Mr. Thomson has told me that just as Mr. Sopinka led Miss Nelles initially on certain matters, he would like to do the same thing with Mrs. Trayner and he will be making that request to you, sir, and I have told him that I have no objection and that it be done on the same basis that Mr. Sopinka led the evidence initially of Miss Nelles. That is to say primarily that the final re-examination will be my own.

14

I think Mr. Thomson will speak to you in respect to that, Mr. Commissioner.

15

16

THE COMMISSIONER: Yes, Mr. Thomson?

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MR. THOMSON: Yes. Mr. Commissioner, if I may before Mrs. Trayner testifies I have a brief opening statement and submission.

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THE COMMISSIONER: Certainly.

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MR. THOMSON: On many occasions Mrs. Trayner has answered questions of police officers and Crown attorneys who were investigating the deaths of the children that you are considering here. She

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A.2

1  
2 testified and was cross-examined at length at the  
3 preliminary hearing involving charges against  
4 Miss Nelles, and I understand that the transcript  
5 of the preliminary hearing is before you.

6 Her many statements to persons in  
7 authority and the evidence that she gave at that  
8 preliminary are available to this Commission, and  
9 accordingly her evidence today should not be a  
10 surprise to those familiar with the background  
11 material.

12 She will testify as to what she did,  
13 what she saw and what she heard, but in my submission  
14 in assessing the propriety of any question put to her  
15 we must in fairness bear in mind that Mrs. Trayner  
16 seems to have become a prime suspect in allegations  
17 of murder.

18 You heard evidence that a number of  
19 babies died with excessively high levels of digoxin.  
20 The number and circumstances are such that you may  
21 conclude that the deaths were a result of a deliberate  
22 overdose.

23 The Atlanta Report told us that my  
24 client was present and was the only nurse present for  
25 all of the most suspicious of the deaths. She will  
again today affirm her innocence and answer questions.





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She cannot tell you how the babies died or, if they were killed, by whom.

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Counsel for the Attorney General for Ontario and for the Police Force responsible for investigating these events are here. They have status here because of issues affecting their clients before you, but their clients have a continuing responsibility for the administration of justice and the apprehension of criminals in this province.

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I believe that everyone here would agree that these proceedings should not be used as a forum to interrogate, to intimidate or to found a prosecution.

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In general terms, sir, the line is hard to draw. Mrs. Trayner may have evidence to offer that may help uncover the relevant facts, but I submit that it will be wrong and unfair if she is subjected to questions and lines of questions that are not calculated to discover facts, but rather to confront her with statistics, circumstances and innuendo suggesting that she has been guilty of the crime of murder.

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I therefore make my submission in opening today, not expecting your ruling at this time, but as an appeal to the fairness of the Commission







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and the counsel as the evidence proceeds. I hope sincerely that it will not be necessary to make this submission during the course of examination and cross-examination in the hours and days to come.

So that is my opening submission, sir. And Mr. Lamek has already told you that I ask leave, as did Mr. Sopinka, to ask my client some preliminary questions with respect to general matters at issue so that I may introduce her to the Tribunal and then the detailed matters will of course be gone over by your counsel.

THE COMMISSIONER: Yes. Well, I don't think there will be any difficulty with that, Mr. Thomson. I take it that no one has any comment on that procedure?

I would just like to say that I agree certainly with the purport of everything you have said, and I can say particularly I agree with your comment about the fine line, the hard line to draw.

I have had to throughout these proceedings, and I hope through all of them, try to draw that fine line between discovering, as I am required to do, how and by what means the children died, and preventing this from becoming a forum for the trial of a particular person or persons. I have







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not found it an easy line to draw, and I will certainly welcome your assistance and the assistance of anyone when the line has to be drawn. All I can say is that however difficult it may be I will do the best I can.

I don't hear anybody making any comments with respect to the procedure proposed, and it is the one we followed in the case of the last witness, and I think if you just call your witness and proceed.

MR. THOMSON: Mrs. Trayner, would you go up to the stand, please?

PHYLLIS TRAYNER, Sworn

DIRECT-EXAMINATION BY MR. THOMSON:

Q. How old are you, Mrs. Trayner?

A. 28 years old.

Q. You reside with your husband here?

A. Yes, I do.

Q. And you have one child; is that correct?

A. Yes, I do.

Q. Am I correct that your mother is looking after your child for you today while you are giving your evidence?





A.6

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A. My mother-in-law is.

3

Q. Your mother-in-law, yes.

4

To what high school did you attend?

5

A. St. Joseph's College.

6

Q. And you completed what year there?

7

A. I completed a five year Arts  
and Science program.

8

9

10

Q. Yes. And I understand from  
looking at some records that you were a good student  
and you were active in student affairs in high school.  
Is that correct?

11

12

A. Yes, I was.

13

14

Q. Then following high school did  
you decide to become a nurse?

15

A. Yes, I did.

16

17

Q. Tell us in general terms what  
were the reasons that you picked nursing as a career?

18

19

A. I had always like the profession  
and I had always enjoyed helping people, and I found  
it a very nice job.

20

Q. What school did you pick?

21

A. I chose St. Joseph's College.

22

Q. For nursing?

23

A. I'm sorry, St. Joseph's Hospital  
for nursing.

24

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A.7

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Q. Yes.

3

A. Care of George Brown College.

4

Q. Yes. You went to the George

5

Brown School of Nursing?

6

A. Yes.

7

Q. That is a two-year course?

8

A. Yes, it was.

9

Q. Is there any reason why you

didn't go to the longer university course?

10

A. It was more financial. I didn't

11

think I could afford a four-year program.

12

Q. How did you finance your way

13

through nursing school?

14

A. I obtained a student loan and

a student grant.

15

Q. Right. Then I understand that

16

you enrolled at the George Brown School of Nursing

17

in September of 1973 and you graduated in 1975?

18

A. That is correct.

19

Q. Was there considerable

20

competition for jobs for nurses in Toronto in 1975

21

when you graduated?

22

A. Yes, there was. There was

very limited jobs available in Toronto.

23

Q. Did you apply for a job at

24

various places?

25





A.8

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A. Yes, I did.

3

Q. Did you apply for a job on

4

graduation to the Sick Children's Hospital?

5

A. Yes, I did.

6

Q. Why did you apply there?

7

A. I had always wanted to be a  
paediatric nurse.

8

Q. Yes.

9

A. And I had chosen Sick Children's

10

Hospital, but they weren't hiring at that time. I

11

had put applications into two other hospitals as well.

12

Q. And were you offered a job on

13

graduation?

14

A. I was offered a job, yes.

15

Q. Where?

16

A. I was offered a job in the States,

17

but then I was offered a job, a part-time position

18

at St. Joseph's Hospital.

19

Q. I see. That was in the Department

20

of Urology?

21

A. Yes.

22

Q. And I take it that you worked

23

there until 1978?

24

A. Yes, I did.

25

Q. What happened in 1978?







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A. I had decided that I wanted a change, that I would like to try to get into paediatrics, and I submitted an application at The Hospital for Sick Children.

Q. And was your application accepted?

A. Yes, it was.

Q. Where were you assigned?

A. I was assigned to 5A, which is the Cardiology floor.

Q. That was a cardiology ward you were assigned?

A. Yes.

Q. What was your position there in the beginning?

A. I was a staff nurse.

Q. Yes. And did you remain a staff nurse until March of 1980?

A. I was a staff nurse, yes, but I had worked as an acting team leader before that.

Q. When did you start to work as an acting team leader?

A. It would be just for a couple of nights up on 5A until we moved down to the 4th floor and I resumed the position as team leader.





A.10

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Q. There is evidence that in March  
of 1980 you were designated team leader?

4

A. That is correct.

5

Q. Did you apply for that job?

6

A. No, I did not.

7

Q. How did it come about?

8

A. I was chosen by Liz and Mary to  
be the team leader on the 4A side.

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THE COMMISSIONER: I am sorry, Liz  
is Mrs. Radojewski and Mary is?

THE WITNESS: Mary Costello, sorry.

THE COMMISSIONER: Yes, all right.

MR. THOMSON: Q. Were you pleased  
to be a team leader?

A. Yes, I was.

Q. Why?

A. I was pleased that Liz and  
Mary thought that I would be capable to take that  
position on.

Q. Would you tell us, what are the  
principle responsibilities of a team leader as  
you saw them?

A. I saw myself as a head nurse  
delegate, I saw myself as organizing and ensuring  
that patient care was carried out, I saw myself  
as a role model for team members. It involved some  
orientation of new staff, orientation of relief  
staff when we had relief on the floor. We were  
responsible for doing nurse's rounds, we were  
responsible for doctor's rounds; I saw myself as  
a liaison between the parents and doctors.

Q. I am sorry, would you try that  
again.





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A. I saw myself as the liaison for the parents and the doctors.

Q. Yes. Did you have any duties as far as the continuing education of nurses is concerned?

A. That would be in part of the orientation as well, making sure that they were aware of new procedures or new policies or new skills that had to be learned.

Q. Did you have a responsibility for each of the individual patients under the care of individual members of the team?

A. Well, I would be responsible for the floor, especially on the night shift when the head nurse would not be there on the floor. It was my responsibility to know what was going on at the floor at all times.

Q. Know what was going on with respect to each patient?

A. Yes.

Q. Okay. You already made reference to the night shift. What was different about the night shift as far as the team leaders' responsibility was concerned?

A. The head nurse would not be







1  
2 available on the night shift, she would not be in  
3 the Hospital. I was responsible for the patients  
4 and for the floor. If there was any problem then  
5 we would have to call the night supervisor who would  
6 be assigned to our floor; but I would be the problem  
7 solver at that point.

8 Q. Did you receive any  
9 instructions on how to handle your new responsibilities  
10 as team leader?

11 A. There was a team leader program  
12 that was offered by the Hospital that I took and I  
13 had completed that program in August of 1980.

14 Q. Now, when you became a team  
15 leader, did you in your own mind have any idea as  
16 to what leadership style you were going to  
17 attempt to input?

18 A. I don't know if I had a style  
19 that I wanted. I had qualities of the people that  
20 I knew that I wanted to try and implement to my  
21 style of leadership; one would be Liz Radojewski's  
22 way of take charge attitude in her organizational  
23 ability and Mary Costello's was the way of dealing  
24 with people, her inter-personal skills.

25 Q. All right. So, you hoped to  
take the best of both of those ladies who of course





1  
4 2 were nurses senior to you in the Hospital?

3 A. Yes, that's correct.

4 Q. And as time developed in your  
5 job, I want to be specific as to time, first of all  
6 you became team leader in March of 1980?

7 A. Yes, that's correct.

8 Q. As time developed did you have  
9 some discussions with people about your leadership  
10 manner?

11 A. Yes, I had spoken to Liz  
12 Radojewski, the head nurse, for guidance for  
13 information, for how she would handle something,  
14 tips and technique.

15 Q. Did she make any suggestions  
16 to you as to any change that you ought to attempt  
17 to implement?

18 A. She had made one suggestion at  
19 one time and I can't remember when it was, but she  
20 had felt that I was participating in the patient's  
21 care too much and not allowing the members on my  
22 team to organize their own team, to be able to take  
23 care of a patient assignment and she had felt that  
24 she needed the team leader at the desk to be  
25 responsible for the doctors' orders and the  
transcribing of doctors' orders and for me to be







1  
2 a resource person that the members could come to if  
3 they got into trouble.

4 Q. Yes. Did you attempt to follow  
5 that advice?

6 A. Yes, I did.

7 Q. Okay, what did you do?

8 A. I took steps to try and  
9 implement what she had suggested and I pulled back  
10 from the girls so that I wouldn't always be there  
11 to do the patient assignment for them. I would sit  
12 down and help them organize their time, to see  
13 exactly what assignments they had for the day and  
14 what was the best way of going about it.

15 Q. What was your relationship  
16 with Susan Nelles?

17 A. She was a member of my nursing  
18 team, she was a registered nurse.

19 Q. What impression did you have  
20 of her and what was your relationship?

21 A. I respected her as a nurse,  
22 I found her to be competent, knowledgeable, I found  
23 her to have a different personality than I did and  
24 a different way of looking at things.

25 Q. You say different personalities.  
Could you tell us in a little bit of detail what you





1  
2 mean by that?

3 A. Well, Susan was a very  
4 confident and very strong-willed person, very sure  
5 of herself.

6 Q. Yes.

7 A. She was outspoken.

8 Q. Yes. And what if anything did  
9 that do as far as the relationship between the two  
of you were concerned?

10 A. There may have been on the  
11 floor at times differences of opinions, disagreements.  
12 It was an adjustment period for me as the team leader.  
13 I felt that we worked effectively as a team, we were  
14 able to overcome any problems that we may have had  
15 and I thought the team had worked effectively  
together.

16 Q. Was there to your mind any  
17 conflict between you and Miss Nelles that would have  
18 affected patient care?

19 A. No.

20 Q. Was there any resentment or  
21 hostility at any time between you and Miss Nelles?

22 A. I don't know if it was  
23 resentment or hostility. We had a problem on one  
24 occasion of making a decision. But we had spoken  
25







1  
2 to each other, it was out in the open then and we  
3 were able to deal with it and we worked on it.

4 Q. Did you ever feel threatened  
5 in any way by Miss Nelles?

6 A. No, threatened isn't the word.  
7 I felt intimidated by her at times but then I took  
8 that as that's the way Susan was.

9 Q. There was some talk earlier in  
10 the evidence about mercy killing. Do you have any  
11 views about mercy killing yourself?

12 A. I don't believe in it.

13 Q. Why not?

14 A. I don't believe that one person  
15 has the right to make that decision for another  
16 person.

17 Q. Was mercy killing ever  
18 discussed amongst the nurses in the Hospital when  
19 you were there?

20 A. I don't recall any discussion  
21 of mercy killing, no.

22 Q. Do you recall discussions  
23 amongst the nurses in circumstances where a 'do  
24 not resuscitate' order was given?

25 A. Yes, I can.

Q. What was that about?





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A. We would discuss how to deal most effectively with the parents, how to support them in their time of need, how to support the child if old enough, what to do when the time would come that the child would die.

Q. Well, what is a 'do not resuscitate' order, what did you understand that to be?

A. I understand it to be that there would be no extraordinary measures to be taken when a child or anybody had arrested or was at a terminal state.

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Q. I understand that you were married in late August of 1980; is that correct?

A. Yes, it is.

Q. And your child was born in 1983?

A. Right.

Q. Now, we have heard evidence that Miss Nelles was arrested in March of 1981. Did your nursing responsibilities change at or about that time?

A. After Susan's arrest, I was still team leader on the floor and I worked on cardiology up until the point, about November.

Q. November of...?

A. 19...

Q. 1981?

A. 1981.

Q. What happened then?

A. Then I was transferred to the Burn Unit on the 8th floor.

Q. And you worked there until when?

A. To the best of my knowledge it was March of 1982.

Q. And what happened then?





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A. Well, I was given a paid leave of absence from the Hospital, and I have remained on paid leave of absence ever since.

Q. And during that time have you taken courses to update your nursing skills?

A. Yes, I have. I attended college, Humber College, in 1982-1983.

Q. Mrs. Trayner, did you at any time deliberately administer digoxin or any other drug to a patient when the drug was not prescribed or authorized?

A. No, I did not.

Q. Did you deliberately administer digoxin or any other drug to a patient in quantities in excess of the amount that was prescribed or authorized?

A. No, I did not.

Q. Did you, to your knowledge, by accident or mistake, administer digoxin or any other drug to a patient when that drug was not prescribed or authorized?

A. No, I did not.

Q. Did you deliberately administer digoxin or any other drug to a patient intending to kill the patient?





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A. No, I did not.

Q. Do you know of any other person that deliberately administered digoxin or any other drug to a patient intending to kill the patient?

A. No, I do not.

MR. THOMSON: Mr. Commissioner, those are my questions in opening.

THE COMMISSIONER: Thank you, Mr. Thomson.

Mr. Lamek?

EXAMINATION BY MR. LAMEK:

Q. A couple of things first, Mrs. Trayner, arising out of the answers you gave to Mr. Thomson's questions, or some of them.

You listed the responsibilities of a team leader as you understood them. One of them I noted was, you said:

"A team leader had to know what is going on with each patient on the floor."

A. That's correct.

Q. Now, we know that 4A/B, although it looks like one long corridor with a nursing station in the middle was in fact two wards and there was a team leader on each side; you were a







C4

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2

team leader on 4A?

3

A. That's correct.

4

Q. Was it any part of your duties

5

as team leader of 4A to have some idea of what was  
going on with the patients on 4B as well?

6

7

A. I may have had an idea of  
patients on 4B, but it wasn't my responsibility to  
know that.

8

9

Q. How would you acquire the

10

information about patients on the other side of the  
ward?

11

12

A. From the team leader on 4B,

13

from the nurses that were involved with the patients.

14

Some of the children that went to 4B may have been

15

known to 4A on a previous admission. Some of them on  
4B may have been known to 5A and may have been a well-

16

known patient that we would have followed up on.

17

Q. Although it was not, as you

18

say, part of your responsibility to be aware of the

19

condition of patients on 4B, did you make it a

20

practice to acquire some information about those

21

patients and about their conditions?

22

A. No, I didn't make it a

practice.

23

Q. What might prompt you to

24

25





C5 1  
2 acquire that information from time to time from the  
3 head nurse or nurses on 4B - I'm sorry, the team  
4 leader and nurses on 4B?

5 A. If it was a patient that I  
6 had known previously and it was on 4B --

7 Q. Yes.

8 A. -- then I may have asked how  
9 the patient was doing. If Bertha was worried, the  
10 team leader on 4B was worried about a patient on the  
11 night shift or the day shift, I probably would have  
12 known about it. If my staff was on relief to 4B, I  
13 may have known that as well.

14 Q. In the course of a shift,  
15 and let's look at the night shift when I understand  
16 the ward is generally a much quieter place than it is  
17 during the day, with fewer people running around; is  
18 that fair?

19 A. That's fair.

20 Q. Let's focus on the night then.  
21 In the course of a night shift did you make it a  
22 practice of going over to Ward 4B at any point during  
23 the night to see what was going on there?

24 A. No, I didn't make it a  
25 practice.

Q. Is that something you did from







C6

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time to time?

3

A. Yes, I may have.

4

Q. And again in what circumstances  
might you decide to go over to have a look around 4B?

5

6

A. If an emergency situation  
arose, then I would be called over.

7

Q. Yes.

8

9

10

11

A. If I was asked by one of the  
members of the team to come and look at a child, I  
may have. If one of my members was over there on  
relief, I may have gone over.

12

13

14

Q. In fact, if a member of your  
team was relieving on 4B, is it likely that some time  
during the course of the shift you would go over and  
see how she was doing and have a chat with her?

15

A. I may have, yes.

16

17

18

19

20

21

22

Q. Now, I have asked questions  
about your going over to the other side, or being  
informed about patients on 4B. To the best of your  
observation, are the answers that you have given me  
about your practices and what you did and knew  
applicable also to Bertha Bell and her practices  
and knowledge about what was going on on your side of  
the floor?

23

A. That's right.

24

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Q. Now, you worked on Ward 5A  
for how long before moving down to 4A/B?

A. It would be almost a year  
and a half.

Q. During the course of that  
year and a half -- let me ask you first, was that your  
first exposure to pediatric nursing?

A. Yes, it was.

Q. Was it your first exposure to  
cardiology?

A. Yes, it was.

Q. So, you came into that Ward  
5A atmosphere new to that particular kind of nursing;  
pediatric cardiology was new to you on two scores?

A. Yes, it was.

Q. In the course of the year and  
a half that you spent on Ward 5A as a staff nurse, as  
you have told Mr. Thomson, do you recall whether any  
deaths occurred on the ward while you were on duty?

A. While I was on duty?

Q. Yes.

A. Yes, there was one.

Q. Can you recall approximately  
when that death occurred?

A. No, I can't.





C8

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2

Q. Was the child your patient?

3

Were you assigned to care for the child at the time  
the child died?

4

5

A. No, I wasn't.

6

Q. Do you recall whether it was  
a day shift or a night shift?

7

A. It was a day shift.

8

Q. And were you familiar with  
that child's course, progress and condition?

9

10

A. No, I wasn't.

11

Q. Did you learn of other deaths  
on the ward at times that you were fortunate enough  
not to be on duty?

12

13

A. Yes, I did.

14

Q. With what frequency did you  
learn of such deaths? Perhaps you can give me an  
approximate global number over the whole eighteen  
months.

15

16

17

18

A. I can't recall. Five, six.

19

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D/EMT/ak

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Q. Relatively small number over the course of a year and a half.

A. Yes.

Q. During the course of the time that you were on 5A as a staff nurse were you present at any resuscitation efforts?

A. I was present at one.

Q. Was that the one in the case of the child who died of whom you have already told me?

A. No, it was another one.

Q. All right. I take it, therefore, the other resuscitation effort was a successful effort?

A. Yes, it was.

Q. Do I understand you correctly then - well, I am making an assumption, in the case of the child --

THE COMMISSIONER: Sorry. I just want to know which was which. Was it the one you were caring for that was successfully revived or was it the other one?

Sorry, I am not making myself clear.

MR. LAMEK: I am not sure that Mrs. Trayner said either was her patient.





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2

THE COMMISSIONER: Oh, all right.

3

One death while you were on duty, I'm sorry.

4

THE WITNESS: Yes, there was one

5

death.

6

THE COMMISSIONER: I see. And was

7

there a resuscitation effort on that child?

8

THE WITNESS: Yes, there was.

9

MR. LAMEK: Q. So if I understand

10

your experience on 5A as it touched upon deaths of

11

patients while you were on duty, you were involved

12

in two resuscitation efforts, one of which was

successful?

13

A. That is correct.

14

Q. And the other of which

15

unfortunately was not successful?

16

A. Right.

17

Q. Now we know that Susan Nelles

18

became a staff nurse on 5A in October of 1979. Do

19

you remember her coming to the cardiology ward?

20

A. Yes, I do.

21

Q. Indeed you I think were involved

22

in orienting her to the kind of practice and

procedures on that ward, were you not?

23

A. Yes, I was.

24

Q. You gave her her initial

25







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D3  
introduction to pediatric cardiology at the Hospital  
for Sick Children?

A. I gave her her initial orienta-  
tion to the floor.

Q. Yes.

A. And to our procedures.

Q. Yes. In fact she had done  
some pediatric cardiology in Vancouver, had she not?

A. I think she had, yes.

Q. You were responsible for  
inducting her into the mysteries of the Hospital  
for Sick Children cardiology service?

A. Yes.

Q. During the course of the six  
weeks or so that she was on 5A with you - when I say  
"with you" I mean at the same time that you were  
there - did you have much work contact with her?

A. I can't recall working with  
her very much after the orientation.

Q. How long was the orientation  
period?

A. Well, about a week. I wouldn't  
be the only one involved in the orientation. There  
would be other people.

Q. All right. It may be a bit





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unfair in the course of a week of orientation to ask whether you formed any impression of Miss Nelles, but by the time the cardiology floor moved down to the fourth floor had you had sufficient contact with her to form any impression of her, of her skills as a nurse and the ability of the two of you to get along together?

9

A. No, I hadn't.

10

11

Q. All right. Now you told Mr. Thomson that you became a team leader when the cardiology ward moved to the fourth floor.

12

A. That is correct.

13

14

15

16

Q. All right. Although you had while still on 5A worked from time to time as an acting team leader to give you some experience in that role I take it?

17

A. Correct.

18

19

Q. All right. When did you learn that you were to become a team leader?

20

A. I was told that in the evaluation in October of 1979.

21

Q. All right.

22

A. By Mary Costello.

23

24

Q. All right. Did you at that time know that there was a move proposed to the fourth

25





1

2

floor and that the cardiology ward was to be divided  
into two?

3

4

A. I can't remember whether I did  
or not.

5

6

Q. All right. Certainly at some  
stage you learned that and at that time as we under-  
stand it from the evidence we have heard there was  
to be an increase in the number of nursing teams on  
the cardiology wards. Is that so?

7

8

9

10

A. Yes.

11

12

Q. And was it at that time it was  
decided that you would become the leader of one of  
the teams?

13

14

A. That is correct.

15

16

Q. Now although you were performing  
in the role as team leader from the time of the move  
to the fourth floor at the beginning of April of 1980,  
I understand that you were designated strictly  
speaking as an acting team leader for the first three  
or four or five months?

17

18

19

20

A. That is correct.

21

22

Q. Because as you told Mr. Thomson  
you did not take the team leader course until the  
latter part of the summer, did you?

23

24

A. I took it when it was offered.

25







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2

Q. Yes. That's right.

3

A. And it happened to be in the

4

summer.

5

Q. I am not suggesting there was

6

any delay on your part.

7

A. No.

8

Q. There wasn't a course available

for you to take until I think it was July, was it not?

9

A. It may have been, yes.

10

Q. Yes. And that is why as I

11

understand it when one looks at the WIN sheets that

12

we have in the period for which we have them for

13

June 23rd onwards, you are described as ATL, which

14

means acting team leader.

15

A. Right.

16

Q. Through until some time in

August. I think the week of August 4 is the first

17

time you are designated as TL.

18

A. Right.

19

Q. Team leader.

20

A. Yes.

21

Q. I take it that means at that

point you had completed the team leader course?

22

A. That is correct.

23

Q. Although you were only

24

25





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2

designated acting team leader until the beginning of  
August I take it in all respects you performed the  
role of team leader on 4A?

5

A. Yes, I did.

6

7

Q. And your authority and  
activities were in no way restricted by virtue of  
the fact you hadn't yet taken the course?

8

9

A. No, they weren't.

10

11

Q. Okay. When you learned that  
you were going to become a team leader, Mrs. Trayner,  
I take it you were pleased?

12

A. Pleased?

13

Q. Yes.

14

A. Yes, I was.

15

16

Q. Because it was an indication  
that those who supervised your work were apparently  
satisfied with your progress and with your potential  
and your capacity to fulfill the role as team leader?

17

18

A. Yes, that's right.

19

Q. That was flattering, was it not?

20

A. Yes.

21

22

Q. Did you have any concerns about  
the new role that you were going to take on and about  
your ability to perform effectively in that role?

23

24

A. I had concerns of what I would

25





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2

be like as a team leader.

3

Q. Of course, yes.

4

A. Would I be a good team leader.

5

How I would react in situations.

6

Q. Yes.

7

A. How - would everything work

8

out well.

9

Q. When you say how you would

10

react in a situation, in thinking about it, and how

11

you would perform when it came to you to assume

12

the role, did you have any particular situations

13

in mind that made you say "Gosh, I wonder how I will  
act when that situation arises?"

14

A. I recall wondering how I would

15

react in an arrest situation.

16

Q. Yes.

17

A. How I would react when a

18

patient had died, how to deal with the parents. I

19

saw as the team leader I would be a role model and

20

how would I convey the support and the encouragement  
to the members as well.

21

Q. Yes. And what about the

22

added responsibilities that would be coming your way

23

to organize this team of nurses and make sure, as you

24

have told Mr. Thomson, that nursing services were

25







1  
2 performed effectively and properly? Did that kind  
3 of managerial role, if you like, cause you any  
4 measure of apprehension before you assumed it?

5 A. I don't recall that being a  
6 big issue.

7 Q. All right. In terms of acting  
8 as what you call a role model for the members of your  
9 team, that I take it would be a day by day task that  
10 you as a team leader were going to have to perform?

11 A. That is correct.

12 Q. Day by day, hour by hour, you  
13 had by what you did to set the tone for your team,  
14 did you not?

15 A. Yes.

16 Q. And that as an ongoing daily  
17 hourly matter I can understand would be a matter that  
18 you would think about in advance and wonder how you  
19 would perform in that role.

20 You said also before assuming the  
21 obligations of a team leader you wondered how you  
22 would perform in arrest situations and in cases of  
23 death and dealing with grieving parents. Now from  
24 your experience on Ward 5C that, although no doubt  
25 unpleasant to contemplate, didn't seem to be a  
frequent task that a team leader had to take on,





1

2

did it?

3

A. I was on 5A.

4

Q. Yes.

5

A. To start with.

6

Q. That is right. In 18 months  
you had two such instances?

7

A. Yes.

8

9

Q. And no doubt no matter how  
infrequent they are when they happen they are very  
tense?

10

11

A. Yes, they are.

12

Q. That was your perception?

13

A. Yes.

14

Q. And there is a good deal of  
responsibility that goes with being team leader in  
an arrest situation?

15

16

A. Well, there is a good deal of  
responsibility for any member of that team.

17

18

Q. Yes. The team leader is in  
charge, is she not, of marshalling her troops, if  
you will, to make sure that everything that is needed  
is done and done effectively and efficiently and as  
smoothly as possible?

19

20

21

22

A. That is correct.

23

Q. That, what you can call a real

24

25





1  
2 emergency situation.

3 A. Yes.

4 Q. Is that fair?

5 A. Yes.

6 Q. Crisis situation. And under-  
7 standably you had to wonder how you would perform  
8 in that situation if it ever arose?

9 A. Yes.

10 Q. Okay. By the time you came  
11 to do the team leader course did that course give  
12 you any guidance in the kind of matters about which  
13 you had these concerns? Did it give you any assistance  
14 in performing as a role model, in dealing with  
15 death and grieving parents and so on?

16 A. In the overall course, yes, it  
17 would have. There were, you know, sections of it  
18 that would apply and points that I would remember,  
19 yes.

20 Q. Unhappily by the time you  
21 got into that course in any serious way - and I  
22 gather it was what, a day or two a week?

23 A. Yes. Each Tuesday.

24 Q. And if that occurred in July,  
25 by then you were already getting some on the job  
training in dealing with arrests, were you not?







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2

3

A. Yes.

4

5

6

Q. I don't mean to be flippant about it, but you were learning the hard way in how to handle your team in an arrest situation by the time you got to the end of July, weren't you?

7

A. Yes.

8

9

10

11

12

13

14

Q. We will come to those situations in a moment, and it may be that by the time you got your way through the team leader course some of your apprehension about how you would deal with those crises and emergency situations had disappeared because you were learning how to deal with them I take it? You were learning on the floor of the ward how to deal with them?

15

A. Yes. We were all learning, yes.

16

Q. Yes, I'm sure you were.

17

18

19

You told Mr. Thomson, too, that one of the things you thought about when you were contemplating your future as a team leader was the leadership style that you would try to establish?

20

A. That is correct.

21

22

Q. And you looked to the people who were in positions of leadership and responsibility.

23

A. That is correct.

24

25

Q. And you looked at those features





1

2

of those people that you thought you might want to  
try to emulate.

4

A. Right.

5

6

Q. And meld together into the  
best of all of them, the best parts of all of them.

7

8

A. Yes. Right, to a style that  
I was comfortable with.

9

10

Q. You said you looked at the  
skills of Mary Costello in dealing with people.

11

12

A. Yes.  
Q. And that was something that  
you had observed she was very good at?

13

14

A. I liked the way she handles  
herself with people, yes.

15

16

Q. She seemed to be able to get  
the best out of people, did she?

17

18

A. Yes.  
Q. And make them work co-operatively?

19

20

A. Yes.  
Q. And that was something you  
obviously recognized as desirable in a team leader?

21

22

A. Right.  
Q. You were also interested in,  
well, perhaps I can call them managerial skills of  
Mrs. Radojewski.

23

24

25





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A. Yes.

4

Q. Did she strike you as a take-charge sort of person?

5

A. Yes, she was.

6

7

Q. You thought that to be a desirable attribute of a team leader?

8

A. Yes.

9

10

Q. And one that you would, if you could, try to adopt and blend into your style?

11

A. Into my style, yes.

12

13

Q. Yes. Not quite the same as Mrs. Radojewski, but importing what you perceived to be the good and desirable aspects of it?

14

A. Right.

15

16

17

18

Q. Okay. Now when you became a team leader in April, and indeed even when you are acting from time to time up on 5C as a team leader, I take it there was a bit of experimentation going on within yourself as to that leadership style?

19

A. Yes, there was.

20

21

22

Q. And to find out what worked, what elicited a good response from the people on your team?

23

A. Yes.

24

25

Q. What didn't elicit a good







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response, and I take it you had to develop a certain  
measure of sensitivity to their reactions to the  
style that you were trying to build?

A. Yes.

Q. Okay. And that went on  
through, when the move came, through the spring and  
summer of 1980 I take it, and indeed probably a  
continuing process.

A. Yes, it is.

Q. And we know that in June  
Miss Nelles joined your team.

A. Yes.

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Q. During the months of April and May had you had much working contact with her on 4A?

A. No, I hadn't.

Q. She was on another team and therefore I take it the two of you did not run into each other very often except perhaps at shift change times?

A. That's correct.

Q. All right. Now, you told Mr. Thomson something about the relationship that developed between you and Miss Nelles.

A. Yes.

Q. She joined your team in June, I believe it to have been the early part of the month, was it not?

A. I can't remember.

Q. And was it at this stage that you had for the first time, really had an opportunity to take the measure of Miss Nelles, assess her skills, get to know something about her personality and the way she operated?

A. That would be an ongoing assessment, yes.

Q. Yes. But this would be your





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first opportunity to do that really once you got to  
June and she became a member of your team?

3

4

A. Right.

5

6

Q. Okay. And was it at that  
time that you formed an initial impression that she  
was a competent nurse?

7

A. After working with her?

8

Q. Yes, of course.

9

A. Yes.

10

11

Q. And she appeared to have good  
nursing skills?

12

A. Yes, she did.

13

14

Q. Did you observe her with  
patients and parents and so on, how did she seem  
to deal with patients and parents?

15

16

A. I don't know if I had made  
an opinion of her in that regard at that point.

17

18

Q. As the weeks went by I take  
it that you formed an impression of those qualities?

19

A. Yes.

20

Q. Did she appear to you to be  
a nurse who cared for her patients?

21

A. Yes, she did.

22

23

Q. Treated it as a bit more than  
just a job to make a living?

24

25







1

2

A. Mm-mm yes.

3

4

Q. Okay. Did she seem to relate well to parents when she came in contact with them, from your observation of course?

5

6

A. Well, from my observations, I didn't see any problems.

7

8

Q. Okay. As you observed it how did she get along with physicians at the Hospital?

9

A. She got along well.

10

11

Q. Did she seem to find it relatively easy to deal with and speak to physicians at the Hospital?

12

13

A. I never noticed any problem.

14

15

Q. Was it your observation that nurses on the floor generally got along easily and spoke easily with physicians in the Hospital?

16

A. Yes.

17

18

Q. Okay. Miss Nelles was not unusual in that respect?

19

A. No.

20

21

Q. All right. You said you found her a little intimidating, and that I take it is something that built up as time went by?

22

A. Yes.

23

24

Q. What was it about her that you

25





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2

found intimidating?

3

A. I just - I perceived it to be Susan's personality, we had two different personalities.

5

Q. Yes.

6

A. She was a very confident person.

7

Q. Very confident?

8

A. Confident, yes.

9

Q. Yes.

10

A. Very strong-willed. I may not have been as confident as I wanted to be as a new team leader trying to adjust to a leadership role, trying my hand at something new and I was in a period of adjustment?

11

12

13

14

Q. Yes.

15

A. So, yes, I may have felt intimidated by Sue from time to time.

16

17

Q. All right. You say you were not as confident as you wanted to be. Did you attempt to mask in any way or conceal any lack of confidence that you sometimes felt?

18

19

20

A. I don't understand your question.

21

22

Q. Well, there are a number of ways of not feeling very confident about a situation; one is to let it be seen that you don't feel very

23

24

25





1  
2 confident, another is to make sure that nobody does  
3 know that you don't feel very confident - by coming  
4 on strong in other words. Is that something that you  
5 did from time to time to appear confident and in  
6 control?

7 A. No, I can't recall doing that.

8 Q. Okay. Mr. Thomson asked you  
9 whether you felt in any way threatened by Miss Nelles  
10 and you said, no, not threatened, intimidated more  
11 accurately described it.

12 A. Yes.

13 Q. What do you understand by the  
14 question, what do you understand by 'threatened'. If  
15 you didn't feel it, in what way did you not feel  
16 threatened, what do you mean by that word?

17 A. I wasn't threatened with  
18 Susan, I didn't feel that she was going to take my  
19 job over or away from me or that she was a better  
20 person than I was or a better team leader than I  
21 was, that's not what I - that's how I saw being  
22 threatened, I had no problems with that.

23 Q. Okay. Then perhaps I am not  
24 quite understanding what you mean by intimidated.  
25 Can you help me by telling me what you mean by  
intimidated. You say you were intimidated by her.







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2

A. From time to time.

3

Q. What does that mean?

4

A. That if I had made a decision

5

and Sue questioned it then I would start to question

6

myself, well, was that the decision or is Susan right,

7

could we have done it that way or why did I do it that

8

way, and instances like that.

6

9

Q. From the time that she started

10

to work on your team how long was it before you began

11

to feel on occasion a little intimidated by her, as

12

you have said. Is that something the developed quite

quickly or did it take a long time to develop?

13

A. I can't recall that, I don't

14

know.

15

Q. You say when you made a

16

decision, if she questioned it, did she frequently

question your decisions?

17

A. No, she didn't.

18

Q. Was that a once a month

19

situation. You see, I don't know what measure of

20

concern or questioning and therefore of intimidation

that I need to be thinking about.

21

A. I can't give an approximate

22

time either or estimate. There would just be a feeling

23

that I would have from time to time.

24

25





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2

Q. Yes.

3

A. That's when I would just  
question myself.

4

5

Q. And is it your recollection  
that those occasions occurred when first she began  
working on your team?

6

7

A. Well, they would have started  
when she came to the team, yes.

8

9

Q. Yes.

10

A. Because I didn't know her  
before then.

11

12

Q. No, you didn't know her before  
then. But pretty well from the time she started you  
began to feel from time to time as you have said a  
little intimidated by this lady who appeared to be  
very confident in her own judgment?

13

14

15

16

A. Well, from the time she came  
and then Susan and I had a talk in October.

17

18

Q. Yes.

19

A. And I think we cleared up a  
lot of misunderstandings and apprehensions that we  
had both had that we had not spoken about.

20

21

22

Q. So, certainly from June to  
October there had been a build up of some kind of  
a problem which you dealt with face to face in October?

23

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A. Yes.

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3

Q. Fine, we will come to that.

4

On the occasions when you did make a decision which was questioned by Miss Nelles and you perhaps began to entertain doubts about the correctness of the decision, I take it that is because she questioned it in a confident way, she appeared to be sure of her ground.

8

9

A. Susan would be outspoken.

10

Q. Yes.

11

A. Yes.

12

Q. And if she disagreed with your decision she made no bones about letting you know about it, I take it?

13

14

A. Right.

15

16

Q. Okay. And you from time to time say, gosh, if she feels that strongly maybe I'm not right. Is that the kind of thing that would go through your head?

17

18

19

A. I don't know if I ever came down and said, no, I'm not right.

20

21

Q. No, I didn't say that, I said through your head?

22

23

A. No, I think what I would be thinking was, well, maybe it could have been done

24

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that way or Susan has a point.

3

Q. Right.

4

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A. But I didn't see anything  
wrong with the way that I had suggested it in the  
first place.

6

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8

Q. Okay, fair enough. When those  
occasions arose did you ever change your decision in  
light of what she said?

9

A. I don't know.

10

11

12

13

Q. You don't recall. Until the  
occasion in October when you got together to discuss  
a problem that had apparently developed between the  
two of you did you perceive that you worked well  
together, you and Miss Nelles?

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A. As a team leader I knew that  
there was some problems, probably some misapprehensions  
but I had taken that to believe that I was again a  
new team leader, unpolished, that I had an adjustment  
to make and I felt that the problems that the team,  
or that I was having came with the territory of  
becoming a new team leader and I perceived it in that  
vein, that with the more experience and the more  
time I had and the more adjustments that were made  
that things would work out.

23

Q. Did you perceive it to be

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mainly a problem of refining and defining a leadership role that would be (a) effective to provide leadership but also promote harmony and cohesion. Was it really a question of defining your style in your mind?

A. I thought it was at that time, yes.

Q. Okay. Was it your perception that the problems that may have arisen in the course of defining and refining your style were particularly between you and Miss Nelles or did they extend to other members of the team?

A. I remember it with Susan as being the problems but I also remember there were times when I would have a disagreement or there would be discussions between the rest of the team, Mrs. Christie or Sui Scott, but nothing that was - I didn't see any problem that was insurmountable that we wouldn't get through this with some talking it through.

Q. Did the problems resulting from this developing leadership style that you were working on, did they seem to extend beyond your team to others outside it?

A. I didn't perceive that in that light, no.





Trayner, ex.  
(Lamek)

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Q. You didn't perceive you were having any difficulty of any kind with your opposite number on 4B, Mrs. Bell, or with anyone, any one of her nurses on 4B?

A. No, I didn't.

Q. Okay. We have embarked on this business of the relationship with Miss Nelles. We will be talking in a few minutes, Mrs. Trayner, about the case of Amber Dawson and why don't we take an aspect of that case now and continue for a moment with the question of the relationship with Miss Nelles. We have heard that at the time of the arrest with Amber Dawson there was a difference of opinion - I am putting it as neutrally as I can - a difference of opinion between you and Miss Nelles.

A. Yes.

Q. Do you recall that?

A. Yes.

Q. Amber Dawson was Susan's patient and you were the team leader?

A. Right.

Q. Can you tell us please your best recollection of the difference of opinion that occurred between the two of you on that occasion?

A. I remember there being a







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12

2

discussion whether or not to call a 23 or a Code 25.

3

Q. Yes.

4

A. I remember Susan saying that,

5

no, I remembered asking should we call a 25 and Susan

6

said no, calm down, we will call a 23 and I said,

7

well, I don't know, Amber looks pretty sick. A 23

8

was going out because someone at the door had heard it

9

and Sue said call the 23 but as they were getting

10

ready to phone Amber Dawson had arrested and the 25

11

was replaced.

Q. And the result in a very real

12

sense yours was the right call on that one?

13

A. Right.

14

Q. Before there was time to call

a 23 there was an arrest situation?

15

A. Yes.

16

Q. Could I just ask you for

17

clarification of one thing as a little bit of a detour,

18

Mrs. Tayner. What did you understand to be the

19

circumstances in which it was appropriate to call a

Code 25?

20

A. I had understood a Code 25

21

to be a cardiac emergency.

22

Q. May that be something short

23

of an actual cardiac arrest, that is, cessation of

24

25





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heart beat?

3

A. Yes.

4

Q. Even though there is still

5

a detectable heart beat it was your understanding it

6

could still be appropriate to call a Code 25?

7

A. Yes.

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Q. Was that question, the question of defining the circumstances in which a Code 25 should be called, a matter that you discussed with Nurse Nelles?

A. Yes, I did.

Q. At about the time of the Dawson incident?

A. It was after the Dawson incident.

Q. Not at the moment but subsequently?

A. It was after the Dawson incident.

Q. Did she have a different view of the circumstances in which a Code 25 should be called?

A. Yes, she did.

Q. Is it your understanding that she thought that you did not call a Code 25 until the heart had actually stopped?

A. That's correct.

Q. Did either of you yield to the other's point of view or did you continue to disagree on that matter?

A. I think there was a conscious







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effort on both parts to try and work together. I know that there was one other child, but I can't remember when and who it was, but there may have been the same discussion.

Q. We have heard that to begin CPR while there is still a heart beat may indeed be dangerous for the patient. Is that your understanding?

A. We never started CPR. A team would arrive. There is medication that can be given to a child before we would get into an actual arrest.

Q. Yes.

A. I felt better having doctors, medical doctors up there that are cardiologists and would know the patient and know what to do before the child would arrest or at least get into serious trouble, that there is a treatment that could have been done.

Q. Was it your understanding that the calling of a Code 25 and the summoning of the arrest team did not necessarily mean that you began CPR at the time of calling the code?

A. That is correct.

Q. You might start CPR before the arrest team arrived as I understand your position





F3 2 if indeed the child ceased to have a heart beat?

3 A. Right.

4 Q. Whether or not the child still  
5 had a heart rate you thought it was appropriate to  
6 call a Code 25; you would wait for the arrest team  
7 to get there and they would tell you what to do, I take  
8 it?

9 A. Yes, because we can't decide  
10 what to do, what drugs or medications were needed.

11 Q. You say you recall one other  
12 situation, although you can't name the child, where  
13 there was a disagreement or difference of opinion  
14 between you and Miss Nelles similar to the one that  
15 occurred at the Dawson arrest?

16 A. Yes, there was.

17 Q. Do you recall when that was?

18 A. No, I don't.

19 Q. Was it during 1980 or into  
20 the new year?

21 A. I can't recall.

22 Q. You can recall only one such  
23 other difference of opinion?

24 A. Yes.

25 Q. Two in all, Dawson and the  
other one that you cannot pin down by name or time?





F4

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A. Right.

3

Q. Did Miss Nelles, prior to

4

October of 1980, ever address any complaints to you

5

about the way in which you were handling yourself in

6

relation to her and the other members of your team?

7

A. Before October?

8

Q. Yes.

9

A. No.

10

Q. To the extent therefore that

11

there was any observable incident between the two of

12

you during the period up to October, it was no more,

13

I take it, than questioning decisions that you had made,  
by her, and the Dawson situation?

14

A. That's right.

15

Q. Now, what happened in October?

16

A. I had had an evaluation with

17

Liz Radojewski, and she had told me during the evaluation

18

that Susan Nelles had come to her and Sue was having

19

some problems and Elizabeth felt that Sue and I should

20

sit down and discuss the problems.

21

Q. Can you give us your best

22

recollection of what Mrs. Radojewski said to you that

23

Susan Nelles had said to her? What was your under-

24

standing of what Susan Nelles had said to Liz

25

Radojewski?







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A. I had understood that Sue wasn't happy, that there was some problem. Liz didn't go into it and she felt that by talking, if Sue and I sat down and talked about it, we would be able to solve the problem.

Q. But Mrs. Radojewski did not at that time give you any particulars of what was bothering Miss Nelles?

A. No, I don't think so.

Q. When Mrs. Radojewski told you that Susan Nelles had gone to her with a problem that involved you, what was your reaction to that?

A. I think I was surprised that Sue was unhappy.

Q. You were surprised that she was unhappy?

A. I don't know if I was really surprised. I knew, as I said before, that the team, that we were having problems, but I had perceived it to be me adjusting to the team and the members adjusting.

Q. Were you surprised that she was apparently sufficiently unhappy to go to the head nurse about it?

A. Yes.





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Q. Were you upset that she had gone to Mrs. Radojewski instead of coming to you about it?

A. I don't know if I was really upset. I thought if Sue was really as upset that she had gone to Liz, then it was something I had not perceived it to be and, at least now we would get to the problem.

Q. In the course of the evaluation - and perhaps you had better tell us exactly what happens at an evaluation.

A. It is a performance evaluation.

Q. Yes.

A. We both have the evaluation that we do for ourselves; Liz does one for me and I would do a performance appraisal myself.

Q. You don't do one on her?

A. No.

Q. You both do one on you?

A. Yes.

We meet for about an hour and we go over the evaluation together.

Q. And you are looking for strong points, weak points, places for improvement and





1  
F7 2 that sort of thing?

3 A. Yes, right.

4 Q. Other than referring to the  
5 problem of which Miss Nelles had made her aware, did  
6 Mrs. Radojewski indicate to you in the course of that  
7 evaluation session that other people were having  
8 problems or difficulties as a result of your leader-  
9 ship style that you were working on, what I believe  
10 is called in personnel circles, interpersonal  
11 relations? Did she let you know that this extended  
12 beyond Miss Nelles or was the focus of it, as you  
13 understood it, Susan Nelles?

14 A. I understood it to be with  
15 Susan.

16 Q. In the course of those  
17 evaluation proceedings, do you see the evaluation  
18 which Mrs. Radojewski has done on you?

19 A. Have I seen it?

20 Q. Yes. Well, did you see it at  
21 the time?

22 A. Yes, I have.

23 MR. LAMEK: Could we have, please,  
24 Exhibit 373, Mr. Registrar.

25 Perhaps over the break - I see it  
is time for that, Mrs. Trayner - you might spare a







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moment just to take a look over that and we can  
talk about it when we resume, if that is all right.

Thank you.

THE COMMISSIONER: Twenty minutes.

MR. LAMEK: Thank you, sir.

--- recess.





EMT.jc  
G.1

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-- On resuming:

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THE COMMISSIONER: Yes, Mr. Lamek?

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MR. LAMEK: Thank you, sir.

5

Having asked Mrs. Trayner to look at  
the evaluation, I am not sure that I have it any more.  
Yes, I do.

6

7

THE COMMISSIONER: What number is it

8

again?

9

MR. LAMEK: 373.

10

Q. Now, Mrs. Trayner, did you have

11

an opportunity to look over the evaluation sheet?

12

A. Yes, I did.

13

Q. Exhibit 373. On the first page

14

with any handwriting on it after the first page,  
cover sheet, covering the rating scale - the thing  
is dated November 6, 1980, in the top right hand  
corner?

15

16

17

A. Yes.

18

Q. There is a summary I think

19

could reasonably be described as an encouraging and  
flattering summary:

20

" ... eager and willing learner.

21

Likes her team leader role. Beginning  
to find her own style of leadership."

22

23

And that is what you have been talking to us about

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G.2

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I think so far, is it not?

A. That is correct.

Q. Finding your own style.

Mrs. Radojewski then goes on to list certain strengths that she observes in your performance, and then less areas requiring improvements. One of them is maturity and professionalism in handling critical situations and her own feelings about these situations.

In discussing these matters with Mrs. Radojewski did she explain what she meant by "critical situations"?

A. I can't recall what exactly it was, no.

Q. Do you recall whether it included situations of cardiac arrest and resuscitation?

A. It may have, yes.

Q. But you don't have a clear recollection?

A. No.

Q. Another area that was thought to require improvement was interpersonal skills in communicating with team members, and I notice that is in the plural, "team members". Was there any discussion of that matter with Mrs. Radojewski at the evaluation?







G.3

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A. I don't recall it as being anybody specific.

3

4

Q. All right. But it did appear to refer to more than one team member obviously?

5

6

A. It would have been the team, yes.

7

Q. Yes. And third, it was thought

8

that you should improve your calmness in critical situations and have more trust in team members' performance.

9

10

Again in that context was there any

11

definition or example given of what was meant by critical situations?

12

13

A. No, I can't recall.

14

Q. All right. The fourth, ability to accept input from team members in decision-making process.

15

16

In the course of discussing those

17

areas that Mrs. Radojewski thought required improvement, was there any reference in that context to Miss Nelles and the fact that she had raised a problem with Mrs. Radojewski?

18

19

20

A. I can't remember.

21

Q. Do you recall what the discussion was about those areas that were thought to require improvement? Did you agree improvement was required

22

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in those areas?

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A. Oh, yes.

4

Q. Do you recall what the discussion was with Mrs. Radojewski about them?

5

6

A. I remember the discussion being that it was a new team leader.

7

Q. Yes.

8

9

10

11

A. And that it would take time and that this was a helpful evaluation to see how I was doing and how she perceived me as the team leader, and areas that I needed improvement in.

12

13

14

Q. Had it occurred to you prior to this evaluation session with Mrs. Radojewski that you may not have been exhibiting calmness in critical situations?

15

16

A. I don't know if anybody is calm in a critical situation. It is an emergency situation.

17

18

19

Q. Yes. I take it that Mrs. Radojewski thought you should work upon developing a greater air of calmness in those situations?

20

21

22

23

24

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A. Yes.

Q. Had you been aware that you had not been manifesting calmness in those situations?

A. It is hard to say if I was aware.

I knew in an emergency situation that I would be





G.5

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nervous. Anxious.

3

Q. Yes.

4

A. Now how I perceived it I don't

5

know if it was I calm or not calm. I took it as  
at the situation that was the environment at the time.

6

Q. Well, the evaluation as we

7

have noted is dated November 6th, 1980, Mrs. Trayner.

8

By that time as we shall see when we come to look at

9

the deaths certainly if arrest situations were

10

included in critical situations you have been involved

11

in a number of those by early November, had you not?

12

A. Yes.

13

Q. I take it that an arrest

14

situation - I shouldn't take it; you had better tell

15

me - is an arrest situation one which you can ever  
become really comfortable in?

16

A. I think you can become more

17

confident.

18

Q. Yes.

19

A. In your ability to cope with it,

20

but to say that you are always comfortable in an  
emergency situation is unfair.

21

Q. Or calm even? I would have

22

thought that no matter how many of those situations

23

you went through you continued to experience tension

24

25







G.6

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and a measure of nervousness in them. Is that fair?

3

A. Yes.

4

5

Q. Yes, I would have thought so, because they are by their nature very tense and highly-strung situations, are they not?

6

7

Mrs. Radojewski then lists certain objectives for you with target dates. The fourth one is that you improve your interpersonal skills with the team members by improved communication.

8

9

10

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12

13

It is suggested that you have a target date of February, 1981 to achieve some improvement in that area. Had you been conscious of less than adequate communication with your team members prior to this evaluation?

14

15

16

A. I knew just from being a new team leader that I was having problems, just adjusting, but nothing that I perceived to be a big problem.

17

18

19

20

21

22

Q. Did you perceive that if there was a bit of a failure of communication, if you did exhibit less than calmness in situations, if you didn't appear to be demonstrating trust in the performance of your team members, did it occur to you that those things may in a sense be a manifestation of your own nervousness in this new role?

23

24

25

A. Well, it was a new role for me --





G.7

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Q. Yes.

3

A. -- and I was adjusting to it.

4

Q. And you were still learning your way, were you not?

5

A. Yes, I was.

6

7

Q. You still weren't totally confident in that role yet after, what is this, four or five months?

8

9

A. No.

10

11

Q. Sorry. Six months, but it took you time to settle down and these things may have been a manifestation of your still growing confidence I take it?

12

13

A. Yes.

14

15

Q. Okay. Then on the last page - it's not the last page but the second last page of the evaluation - there are two areas for appraisal and comment. The last one, with a Roman numeral X, functions as a member of the health care team, and has two aspects in the evaluation sheet, the way in which you contribute to positive interpersonal relations and the way in which you facilitate the therapeutic activities of the health team. And Mrs. Radojewski's comment is:

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"Problems with interpersonal skills

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G.8

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"have been mentioned by peers and  
team members in regard to critical  
situations and the decision-making  
process."

6

Now the reference there is to peers  
and team members. Did you ask Mrs. Radojewski what  
she meant by that?

8

A. I can't recall.

9

10

11

12

Q. Were you aware that at some  
point Mrs. Bell had complained to Mrs. Costello about  
the way in which you conducted yourself on her side  
of the floor?

13

A. No, I wasn't.

14

Q. Mrs. Radojewski did not mention  
that to you?

15

A. No.

16

17

Q. And Mrs. Costello at no time  
mentioned it to you I take it?

18

A. No, she hadn't.

19

20

Q. All right. You understand the  
word "peers" to mean people on a level with you?

21

A. Yes.

22

Q. And did you understand, therefore,  
that "peers" referred to other team leaders?

23

A. No. I think I would have

24

25







G.9

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2

perceived peers to be anybody on our team; R.N.'s.

3

Q. Anybody what?

4

A. Anybody on the team, the other  
registered nurses.

5

6

Q. All right. You didn't draw any  
kind of distinction when you read this between "peers"  
and "team members" because both groups are mentioned?

7

8

A. No, I didn't.

9

10

Q. All right. And your evidence  
if I understand you is following your evaluation  
discussion with Mrs. Radojewski and after having  
read the complete evaluation form, it was your  
perception that although Miss Nelles apparently was  
having some problems the problems did not extend  
beyond the kind of shakedown things you talked about  
in your own team?

11

12

13

14

15

16

A. That is correct.

17

18

19

Q. You had no perception that  
people outside the team might also be encountering  
difficulties or registering complaints about your  
leadership style?

20

21

A. No, I didn't.

22

Q. Okay. So the suggestion was  
that you and Miss Nelles sit down and thrash this thing  
out?

23

24

A. That is correct.

25





H/BM/ak

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Q. And did you do that?

3

A. Yes, we did.

4

Q. When?

5

A. I thought it was some time in

6

October.

7

Q. Do you recall whether it was

8

before or after this evaluation session? It doesn't  
hugely matter.

9

A. No, I can't recall.

10

Q. I take it the likelihood is

11

that it was after the evaluation because you said  
it was raised in the evaluation, did you not?

12

13

A. Yes.

14

Q. So, likely some time in

15

November?

16

A. Yes.

17

Q. And what transpired between

18

you and Miss Nelles when you got together to talk  
this thing out?

19

A. Sue had told me that she was

20

unhappy, she had told me the reasons why she was  
unhappy.

21

Q. I'm sorry, let me stop you.

22

What were the reasons that she set out for you?

23

A. I think she felt that I was

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not treating her as a peer, I was more of a team leader and she was the team member, that there was some sort of hierarchy that I was putting up, that she felt that it was a boss/an employee relationship.

Q. Yes.

A. I don't recall anything more than that. I remember that being the gist of the whole conversation.

Q. And what was your response?

A. I was sorry to hear that that is how Sue had received me because I hadn't seen myself as that way and sorry that she hadn't come to me sooner so that we could have avoided the problem.

Q. Yes.

A. I had explained to her that I was trying and that I was still adjusting and that I appreciated her suggestion and I took steps to overcome the problems and we agreed at that point that if there was at any other time anything that was bothering either of us that we would confront each other instead of having it go for a period of time when we couldn't get to each other.

Q. And the two of you decided that on that basis you would go on and try to improve







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2

the situation between you?

3

A. Yes, we did.

4

Q. All right. On the question

5

of calmness in critical situations, what was your

6

observation of Miss Nelles in critical situations?

7

Let's think about arrest situations. Did she appear

8

to be calm, did she appear to be excited, distraught,

9

or how would you describe your impression of her,

10

her comportment, how did she carry herself in those  
situations?

11

A. I think everybody exhibits

12

their own way of handling the situation.

13

Q. Of course.

14

A. There were times when I

15

noticed that Sue would be very upset and very

16

anxious and very agitated; there were other times

17

when Sue seemed to me to be very calm, to know

18

what she was doing and why she was doing it and she  
went on with her job.

19

Q. Okay. Was one the exception

20

rather than the rule? Was she generally calm and

21

occasionally appear upset or did she generally

22

appear upset but occasionally appear calm?

23

A. Well, I don't know, I can't --

24

Well, generally I would have to say that Sue seemed

25





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to have things under control.

3

4

Q. She generally, usually  
appeared to be calm, did she?

5

A. Yes.

6

7

8

9

Q. All right. And thereafter  
did things seem to improve, did Susan Nelles come  
back to you again with further complaints from  
time to time to time as you had invited her to  
if she was upset about things?

10

11

A. No, I don't recall anything  
else.

12

13

14

15

Q. Other than the incident about  
which we will talk in due course at the Hines  
arrest, do you recall occasions of disagreement  
between the two of you after you had had this heart  
to heart talk in probably November?

16

17

A. No, I don't.

18

19

Q. Okay. Do you recall giving  
evidence at the preliminary inquiry, Mrs. Trayner?

20

A. Yes, I do.

21

22

23

24

25

Q. And I know you gave evidence  
on a couple of occasions but on the first occasion  
on which you appeared, which was in January of the  
year, and in particular this occasion January 19th,  
1982, you were asked in chief by Mr. McGee about





1  
2  
3 the Amber Dawson matter. I don't know whether you  
4 will recall that, I will read the question and  
5 indeed I will let you look over my shoulder with me.  
6 It is page 644 of Volume 3, Mr. Commissioner. You  
7 start on page 644 at line 10, it will set the  
8 background for you. You were talking about Amber  
9 Dawson, I will start at the top:

"Sue and I disagreed on calling a  
23 or a 25.

Q. What code do you think should  
have been called?

A. We both agreed on a 23.

COURT: What was the point of dis-  
agreement then?"

And Mr. McGee picks up that one:

"What was the disagreement then?

A. It was just, I wanted to call  
a 25 for Amber and Susan didn't feel  
we needed a 25 at that time.

Q. What code was called?

A. We started calling a 23 and  
the child arrested and it was changed  
to a 25."

And Mr. Cooper asked about the  
relevance of it and Mr. McGee says:







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"Bear with me.

Q. How long does it take normally to get a 25 to get this unit together to come to the room when you call a 25, how long does it take?

A. The team arrives within minutes, 2 to 3 minutes."

This is all by way of background.

"Q. Is 2 to 3 minutes a crucial period of time when you are dealing with children who are having heart attacks or not?

A. It could be but the nurses on the floor are probably better trained in doing cardiopulmonary resuscitation.

Q. Now, this disagreement that you had concerning that particular baby in 1980, did that continue at all into 1981?

A. A few times.

Q. All right. And perhaps you could tell His Honour what times those were.

A. I can't remember the children, all I can remember is, we were having





1

2

"a lot of arrests during January up  
until March and me myself was probably  
paranoid that any time a child went  
bad or seemed to deteriorate I always,  
I was very scared that we were going  
to lose a child and the child would  
arrest. Sue I think was being a little  
more realistic in the situation, was  
being quite calm and we agreed at all  
times to call in a 23 which would be  
an emergency for the doctor."

10

11

12

13

Now, do I understand you to have said  
on that occasion, Mrs. Trayner - you do remember  
giving those answers to those questions I take it?

14

15

A. Yes.

16

17

Q. And to the best of your  
recollection they were true when you gave them?

18

19

20

21

Q. As I understand you, you seem  
to be saying that differences of opinion of the  
kind that arose in respect of Amber Dawson did  
indeed continue through into 1981.

22

A. I can't recall any.

23

24

Q. No, and you were not asked for  
specifics on that occasion either. But your

25





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recollection appears to have been that that kind of  
difference of opinion didn't come to an end with  
your conversation with Sue Nelles in November, but  
indeed you continued to have that kind of difference  
of opinion. Do you now recall whether it did  
continue into 1981?

8

A. No, I can't recall.

9

10

Q. All right. But indeed that  
was the evidence that you gave at the preliminary  
inquiry?

11

A. That's correct.

12

13

Q. And I take it that was closer  
to time to the events in issue than we now are?

14

A. Yes.

15

16

Q. You are not prepared to tell  
me that your evidence there was wrong I take it?

17

A. No, I'm not.

18

19

20

Q. Okay. Do you recall any  
matters of disagreements between yourself and  
Miss Nelles following your post evaluation conver-  
sation with her?

21

A. Disagreements?

22

Q. Yes, of any kind?

23

A. No, nothing.

24

25

Q. Do you recall any complaint or







H9 1  
2 criticism that was directed right to you or that  
3 came to you indirectly from anyone else on your team  
4 or from anyone outside your team; criticism as to  
5 the way in which you were carrying out your role as  
6 team leader?

7 A. No, I don't.

8 Q. Okay. Well then, let's start  
9 to look at some of these deaths that began to occur  
10 at the beginning of July.

11 Could we have Exhibit 383, Mr. Registrar.  
12  
13  
14 -----  
15  
16  
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23  
24  
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DM.jc  
I.1

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Now I think you have looked at this chart before, have you not, Mrs. Trayner?

4

A. Yes, I have.

5

6

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8

9

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Q. And you understand the set-up of the thing. There are listed down the left-hand side the names of those children which were included in the Categories A and B by the authors of the Atlanta Report based upon the advice given to them by their consultants, being the deaths to which any level of suspicion at all was thought to attach. Then we have plotted the people who were on duty on the ward on which the child was located at the time of his death, at the time he got into very serious trouble, and the people who were on duty on the opposite side of the ward. You understand the setup of the chart, I take it?

16

A. Yes.

17

18

19

20

21

22

23

24

25

Q. Since I have this pedestrian sort of mind, let's start at the beginning with Laura Woodcock. Laura Woodcock is a child who died at 9:40 in the morning, June the 30th, 1980, and she was on Ward 4B. Unfortunately we don't have the assignment book for Ward 4B for that period so I can't tell you what room she was in. Do you have any recollection of Laura Woodcock?





I.2

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2

A. No, I don't.

3

4

Q. I take it it would be of no assistance to you to look at the chart, it would not jog any recollection of that child?

5

6

A. No.

7

8

9

10

11

12

13

Q. The people who were shown as having been on duty were those who were on duty on the long night shift that ended a couple of hours before she died, and you were one of those people who was working on 4A at that time, the night shift that ended at 7:15, 7:30 in the morning. You have no recollection of an arrest going on on the other side of the ward when you came on duty that morning?

14

A. No.

15

Q. Or shortly after you came on duty?

16

A. No.

17

Q. As far as Laura Woodcock is concerned you can't be of any help to us?

18

19

THE COMMISSIONER: I am sorry. I thought Mrs. Trayner was on duty on the long night shift?

20

21

MR. LAMEK: Yes, she was.

22

Q. I am sorry, when you were going off shift.

23

THE COMMISSIONER: Yes.

24

25







I.3

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MR. LAMEK: Q. When you were going off duty, there had been an onset of problems at about 6 o'clock; forgive me, you were going off at 7:30 in the morning?

A. Yes.

Q. Do you remember a problem developing on Ward 4B just before you left, an hour or so before you left that morning?

A. No, I don't.

Q. You don't. Either way you don't have a recollection of it, when you were coming off, again I am sorry, I misled you. All right. Now, the next child to die on the ward is not listed on the chart, it is a child called Alan Perreault and he died on July the 8th. Do you have a recollection of that child?

A. Yes, I do.

Q. Would it be of assistance to you to have the chart available?

A. I don't think so.

Q. If you need it by all means tell me and we can provide it very quickly. What do you recall of Alan Perreault?

A. I recall that this baby was dying.

Q. I am sorry, he was -- ?





I.4

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2

A. Dying.

3

Q. Yes.

4

5

A. That there was a "Do not resuscitate order". I remember holding the baby in my arms until the baby had died.

6

7

Q. The child died in your arms?

8

A. Yes.

9

10

Q. And there were no extraordinary measures to be taken to revive the child if he should arrest and die?

11

A. Yes, that's right.

12

13

Q. It must be a very, very unpleasant situation for anybody, but particularly for a nurse, I take it, Mrs. Trayner?

14

15

A. Yes, it is.

16

17

18

Q. The child was dying, and that is clear from the chart and from the evidence that we have heard. I take it his dying was no surprise to you, or to anybody else at the time that he died?

19

A. No, it wasn't.

20

21

Q. It must have been a very upsetting experience for you nonetheless?

22

A. Yes, it is.

23

Q. Is there anything else that you recall about Alan Perreault?

24

25





I.5

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2

3

A. Just that I spoke to the dad, to  
Mr. Perreault.

4

5

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7

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Q. One thing perhaps I might refer  
to with Alan Perreault. Could you perhaps give  
Mrs. Trayner the chart, please. Now, on page 43 of  
that chart, Mrs. Trayner, is the final nursing note,  
which I believe is over your signature, is it not?

9

10

11

12

A. That's correct.

Q. And you recalled what happened  
at the time the child died?

THE COMMISSIONER: I am sorry, what  
page again?

13

14

15

16

MR. LAMEK: 43, sir.

THE WITNESS: I am sorry, what was  
your question?

17

18

19

20

21

22

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MR. LAMEK: I am sorry, I haven't  
really asked you one just yet.

Q. We decided it was your note  
setting out what happened when the child died?

A. That's correct.

Q. Forgive me, I have no doubt it  
is still a very unpleasant memory. Can you describe  
for me what happened with this child? Did he - can  
I put it this way, as between extremes, did he sort  
of drift away or did he suddenly die?







I.6

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2

A. Well, to use your words, he

3

drifted.

4

Q. Those are very imprecise words I

5

understand, but you catch the meaning, the distinction  
I am trying to draw?

6

A. Yes.

7

Q. When you say he was dying, you

8

are conjuring up a picture that we have of someone

9

dying, sort of getting weaker, and fainter and fainter

10

and finally dying?

11

A. Right.

12

Q. And is that your recollection of

13

what happened with this child?

14

A. Yes, it was.

15

Q. Thank you. As you say, it was

16

known that that child was dying. The evidence that

17

we have had is the surprise was that he survived as  
long as he did, he was desperately sick, was he not?

18

A. I can't recall much more than

19

the time that I was with him.

20

Q. It was certainly your under-

21

standing that he was an extremely, terminally ill  
child?

22

A. Yes.

23

Q. Now, the first of the children

24

25





I.7

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9

with which we are concerned, who died on Ward 4A, was Andrew Bilodeau, and he died at 2:10 in the morning on July the 22nd and he was in Room 418. You were on duty that night at team leader. Miss Nelles was on duty and indeed Bilodeau was her patient. You had a relief nurse until 11 o'clock that night, and you had a further relief nurse from 11 o'clock for the balance of the shift. Do you have any recollection of Andrew Bilodeau?

10

A. No, I don't.

11

12

Q. Do you have any recollection of the night that he died?

13

A. No, I don't.

14

Q. Or of his arrest?

15

A. No, I don't.

16

Q. Or any of the circumstances surrounding that arrest?

17

A. No, I don't.

18

19

20

Q. And I take it that, if I put the chart in front of you, that you could read the chart, but you have read the chart in the recent past, have you?

21

A. Yes.

22

23

Q. And it did not serve to bring any recollection to you?

24

25





I.8

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A. No, it didn't.

3

4

Q. Well, this was the first arrest, was it not, at which you had been present as team leader?

5

6

A. I guess so, yes.

7

8

9

10

Q. This was the very situation that back in the late winter of the year when you were contemplating becoming a team leader, it is the very situation that you had been concerned about, was it not: how will I cope in an arrest situation?

11

A. Yes.

12

13

Q. And now with Andrew Bilodeau on July the 22nd in the early hours of the morning it happened, and you have no recollection of it?

14

15

A. No, I don't.

16

17

18

Q. Had you had any contact; well, there is no point in asking I guess, you don't recall whether you had had any contact with Andrew Bilodeau during the night shift of July 21st-22nd?

19

A. I can't recall.

20

21

22

23

24

25

Q. He was not assigned to you, although you did have patient assignments that night. You were in charge of and had three patients assigned to you from the assignment books, and I would be glad to have them put in front of you but I hope you can







I.9

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trust me to get the right page and read them accurately. If I don't, someone else will tell me you may be sure, Mrs. Trayner. Miss Morrin, that was you before you were married of course?

6

A. Yes.

7

8

9

10

11

12

13

Q. Is recorded as being in charge for the long night shift with three patients, one in 423, one in 426 and one in 418. You had a patient in the room in which Andrew Bilodeau was also located under the care of Miss Nelles. Because you had a patient in that room, and because you were the team leader and would make rounds I take it in the course of the night --

14

A. Yes.

15

16

Q. -- you would have had occasion to see Andrew Bilodeau during that shift?

17

18

19

A. Yes.

20

21

22

23

Q. In the normal course would you have had any occasion, or cause, to administer any medication to that child?

24

25

A. No, I don't think so.

Q. He was under the care of a registered nurse so you didn't need to do medications for her?

A. Right.





I.10

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Q. And although there would be no cause or occasion for you to do so, I take it because of your complete lack of memory you have no recollection of whether you did in fact administer any medication of any kind to that child that night?

A. I can't recall that baby.

Q. Perhaps again it would be useful if we had the chart in front of you, Mrs. Trayner; could we do that, please, Mr. Registrar.

Now the medication sheet of that chart, Mrs. Trayner, is found at page 38, it is 00038, have you found it?

A. Yes.

Q. It appears, does it not, that on the night that he died the child received from Miss Nelles a digoxin dose at 2100 hours, and aldactazide also, which also Miss Nelles signed, again at 2100 hours. In each case there is a notation in the box by Miss Nelles saying "vomited"?

A. Right.

Q. Do you recall discussing the case of Andrew Bilodeau with the Metropolitan Toronto Police in, and I will give you the date for that, in February of 1982?

A. I remember talking to the police





I.11

1

2

about a lot of things.

3

4

Q Do you remember in particular  
talking to them about Bilodeau?

5

A No, I don't.

6

7

8

Q Do you remember being interviewed,  
as I say, in February, it was 1982, about children  
other than those in respect of whom Miss Nelles had  
been charged?

9

A Yes, I do.

10

11

Q And this was during the  
preliminary inquiry?

12

A Yes.

13

14

15

Q And that interview, as I understand  
it, extended over two days, and indeed had a session  
on Monday, February the 8th, and then continued on  
Tuesday, February the 9th?

16

A Yes.

17

18

19

20

Q The notes of the interview  
appear to record, do they not, that the last child  
about whom you were asked on Monday, February the 8th,  
was Baby Bilodeau; do you see that?

21

A Yes.

22

23

Q There is a suggestion, I am sorry,  
let me go from half way through this thing. You say:

24

"Baby in Room 418 assigned to Susan,

25







I.12

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"Dr. Contreras in 10 p.m. Made order of Lasix 3 milligrams IV stat. Dr. Reynolds did some blood work, lytes and BUN, ordered IV. It was ordered dig. signed off on 21st by Susan, vomited; also aldactazide vomited. Meds repeated. Fed NG tube and vomited. Then IV at 2230 9 cc's per hour. I gave Lasix 3 milligrams IN ... "

Which I take it should that be IM, intramuscularly?

A. Yes.

Q. And then:

" ... at 2200. At 0125 in distress, Code 23; 0127 Code 25 called."





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2

J/EMT/ak

3

4

5

Does it appear to have been your recollection then that you administered 3 milligrams of Lasix to the child intramuscularly at 10 o'clock in the evening?

6

7

8

A. No, I don't remember anything. This was reading from the chart to the police officers.

9

10

11

Q. Well, can we find if there was anything in the chart that enabled you to say apparently you administered Lasix intramuscularly at 10 o'clock in the morning?

12

MR. ROLAND: It is on page 24.

13

MR. LAMEK: Yes, thank you.

14

15

Q. Do you have any recollection - let's check the thing now. It would be in the nursing note I would think.

16

A. I read from the nursing notes.

17

18

Q. Okay. That is what you were reading from?

19

A. Yes.

20

21

Q. All right. Is there any reason why that is not recorded on the medication sheet?

22

23

A. She had recorded it that it was vomited.

24

25





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Q. That is an administration at 9 o'clock by her vomited. Yours, as I understand it, was a readministration, wasn't it?

A. No. I think what I have said there is I gave Lasix, 3 milligrams IM.

Q. Okay. And that was a stat order, was it?

A. Yes.

Q. And those aren't normally recorded on the medication sheet?

A. No.

Q. All right. And so although you have no recollection of it it appears from the chart you did administer Lasix to the child?

A. Yes.

Q. In response I take it to a direct order which we could find if we would look for it in the chart?

A. Right.

Q. All right. But you now have no recollection at this stage?

A. I had no recollection then, no, and today.

Q. The information you gave then was based solely on reading the chart; you had no







1

2

more information than than you have now?

3

A. No.

4

Q. In the way of recollection?

5

A. Right.

6

Q. I'm sorry, then, there is no  
kind of inconsistency. I'm sorry.

7

8

Baby Bilodeau, we can't go much  
further with it; you have no recollection of it?

9

A. That is right.

10

11

Q. The next child who died also  
once again died on 4B and that was Baby Taylor.  
Five days later, 2 o'clock in the morning, July 27.

12

13

Your full team as it was then made up was on duty  
on 4A. Well, it was on duty - fairly Mrs. Scott  
was relieving on the 8th floor and Mrs. Christie  
was relieving on the 5th floor. So on your side  
of the floor you had yourself and Susan Nelles on  
duty.

14

15

16

17

18

A. Right.

19

20

Q. And Baby Taylor on the B side  
of the floor. Do you have any recollection of  
Baby Taylor?

21

22

A. No, I don't.

23

Q. Do you have any recollection  
of attending at his arrest that night?

24

25





1

2

A. No, I don't.

3

Q. This was now the second arrest

4

situation - no, I am leaping to a conclusion. Was

5

it your practice when an arrest was called on 4B

6

to go over there to see if you could assist in any

7

way?

8

A. Yes.

9

Q. All right. Was there any

10

reason to think that when the arrest was called on

11

David Taylor that you did not go over there to see

if you could help?

12

A. No, there is no reason.

13

Q. Indeed that is almost

14

certainly what you did I take it?

15

A. I can't recall that night.

16

Q. There is no reason to think

you wouldn't do that?

17

A. No.

18

Q. So now we have got another

19

arrest situation on the floor. You are not in

20

charge of this; it is on 4B, but nevertheless it is

21

the kind of situation that is a critical one; it is

22

an emergency one. You have no recollection of it

23

whatsoever?

24

A. No.

25





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J5 Q. And you have no recollection of seeing this child at all during the earlier part of the shift?

A. No, I don't.

Q. I take it you have no cause or occasion to administer any medication of any kind to a child on 4B?

A. I didn't.

Q. I'm sorry?

A. No, I didn't.

Q. You had no such cause or occasion? Okay. Now let's get to Amber Dawson because we have already referred to her.

Other than the incident that you have already told us about, the difference of opinion as to the code to be called, do you have a recollection of Amber Dawson?

A. Yes, I do.

Q. Perhaps we could have the chart, Mr. Registrar, in case Mrs. Trayner wants to refer to it.

Now let's set the players first, Mrs. Trayner, by looking at the assignment book. The long night of July 27 to 28 you were in charge as team leader and had one patient assigned to you







1  
2 in Room 425. Miss Nelles had four children assigned  
3 to her in 418, one of whom was Amber Dawson.

4 Mrs. Scott had two children in 418 and four in Room  
5 421. Mrs. Christie who was being shared between  
6 4A and 4B that night had one patient in Room 423 and  
7 two in Room 426.

8 A. Yes.

9 Q. Okay. So you had one patient  
10 in 425, Miss Nelles has four in 418, including Dawson,  
11 and Scott has two in 418 and other patients elsewhere.

12 What do you recall of Amber Dawson,  
13 please?

14 A. I recall that Amber had  
15 aspirated earlier that afternoon.

16 Q. Yes.

17 A. I recall they had done a  
18 chest x-ray on her in the afternoon. I recall  
19 getting report from Marie Mandal who was a team  
20 leader on days that they were worried about Amber.

21 I recall that the doctor was on the  
22 floor when we came out of report that evening, that  
23 there was an IV started and antibiotics started on  
24 the baby.

25 I recall Dr. Reynolds being on duty  
that night and I recall that he was there late until





J7  
1  
2 after midnight, and he had said to me something  
3 worries him about Amber but he didn't know what it  
4 was.

5 Q. All right.

6 A. He was reading a cardiology  
7 book.

8 Q. I'm sorry, he was?

9 A. He was reading it, yes, a book  
10 done by Dr. Freedom and Dr. Rowe.

11 Q. That is wise.

12 A. And he was concerned that  
13 something was wrong with Amber but he couldn't  
14 point - he couldn't put a finger on it.

15 Q. Yes.

16 A. And I recall that she got  
17 into difficulty in the morning, and a call. He was  
18 at the bedside at the time, and then I recall that  
19 Amber had arrested.

20 I recall her mum being upset --

21 THE COMMISSIONER: Sorry, we are  
22 talking about the morning - that is not the morning  
23 she died, is it?

24 THE WITNESS: Yes.

25 MR. LAMEK: Q. You are talking  
about the night shift?





1

2

A. The night shift.

3

Q. On which she died.

4

THE COMMISSIONER: She died at  
2:40 in the morning, so I take it this is the  
final difficulty, is it, that we are talking about?

7

THE WITNESS: Yes.

8

MR. LAMEK: Q. At what point had the  
physician been concerned that there was something  
wrong with this child that he couldn't put his  
finger on? Was that early in the shift or closer  
to the time when she arrested?

12

A. It was earlier in the shift  
when he had started - he had ordered an IV for her.  
I thought they had done blood cultures on her and  
he had started her on some antibiotics. And Amber  
didn't look - she didn't look the same as she had  
done the night before. She wasn't peppy; she wasn't  
smiling.

18

Q. Right.

19

A. She looked lethargic.

20

Q. Right.

21

A. And it wasn't the same Amber  
from the night before.

22

23

Q. Okay. You saw the child in  
the course of the shift when you did rounds I take it?

24

25







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A . Yes, I did.

3

4

Q. Do you have a recollection of  
the impression that you had of her?

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A. No, not a clear recollection.  
I remember that she wasn't the same as the night  
before; that she was more lethargic than the  
Saturday evening.

9

10

Q. All right. Now had Susan  
Nelles nursed the child the night before as well?

11

12

13

A. Yes.

14

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16

17

Q. Was that also Miss Nelles'  
observation that the child seemed to have changed  
since the previous night?

18

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21

22

A. Hm-mm.  
Q. And then as we know she got  
into some trouble. Why is it, Mrs. Trayner, that  
you particularly recall that she had aspirated  
during the day?  
A. Because that was a concern of  
the girls on days when they gave report to us that  
night that they had had a problem on the floor.  
They thought she had aspirated and they were in a  
panic situation.

23

24

25

Q. Right.

A. And I just remember Marie





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Mandal saying that they were worried and they got  
the x-ray done.

3

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Q. I take it that is not a good  
thing to have happen to a child who is under a  
nurse's care?

5

6

7

A. No.

8

9

Q. All right. Could you look at  
page 86 of the chart with me for a moment, please?  
It begins at the bottom of page 85, the nursing note  
for the long day of July 27th.

10

11

A. Hm-mm.

12

13

Q. The top of page 86 there is  
reference to a choking spell.

14

A. Hm-mm.

15

16

17

Q. "Lunch was completed. Patient  
was being put back to bed when she  
turned blue for a brief second. Then  
started to cough and vomited some  
food and mucus."

18

19

Was that the episode that was thought perhaps to be  
the aspiration?

20

21

A. Right.

22

Q. So that stuck in your mind  
when you took report that night?

23

24

A. Yes.

25

J10





1

2

3

J11 Q. Nurses will treat aspirations  
as a very serious matter?

4

A. Right, yes.

5

6

7

Q. Because it in some way reflects  
on the closeness of the observation of a child,  
does it not?

8

9

A. No, I didn't take it as that.  
It is an emergency situation. It was a choking  
spell.

10

11

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Q. Yes, I understand. Okay. You  
remember that and you remember the impression that  
Miss Nelles had that the child was not the same as  
she had been the night before; you remember the  
physician being concerned there was something going  
on he couldn't put a finger on it, and I take it  
you shared that measure of concern?

17

A. Yes.

18

19

20

Q. All right. Did you have any  
cause during the shift to give any treatment of  
any kind or administer any medication of any kind  
to Amber Dawson?

21

22

23

A. I don't recall that I did.  
I don't have a - I can't remember it myself, but  
when reading the chart that I have.

24

25

Q. I tell you your name does not







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appear on the medication sheet which is page 87,  
as a matter of fact, the very next page.

In the final nursing note also on  
page 80 there is a reference to administration of  
Lasix. That was a stat administration but it was  
IV so you would not have done that I take it?

A. No.

Q. So there is no record, either  
in the note or in the medication sheet of your  
having administered any medication to the child  
that night.

Do you have any recollection that  
will enable you to say that you did or did not or  
do you have to say you have no recollection of  
having done it?

A. I don't remember giving any  
medication to Amber.

Q. All right. And other than the  
medications which are listed on the medication sheet  
or which are referred to in the note, do you have  
any reason to believe that anyone gave any other  
medication to this child that night?

A. No. I thought she had been  
started on antibiotics, but I obviously am wrong.

Q. It appears not.





1

2

A.        Hmm?

3

Q.        It appears not from the chart.

4

A.        That would be all then.

5

Q.        Notwithstanding the concerns

6

that you told us about that this was a lethargic

7

child on the night that she died and less peppy than

8

she had been, were you surprised when Amber Dawson

9

died that night?

A.        Yes, I was.

10

Q.        You recognized that people

11

did - were showing concern about her. Did you not

12

expect her to die that night?

13

A.        No, I didn't.

14

Q.        Do you recall whether there

15

was some ongoing question and puzzlement about the

16

cause of her death?

A.        There was a question --

17

Q.        Yes.

18

A.        -- as to why she had died.

19

Q.        Do you recall the entry in

20

the communications book that referred to that

21

matter?

A.        Yes, I do.

22

Q.        If I ever find it I will

23

show it to you.

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The Ward 4A communications book,  
Mr. Commissioner, Exhibit 300 - we can look at the  
same one - on page 5 of the book there was apparently  
a short ward meeting July 31st.

Do you have any recollection whether  
you were at the meeting?

A. No, I don't.

Q. All right. The second item is  
headed "Re Recent Deaths".

"News of cause for Amber is still  
unknown. Postmortem was done  
yesterday. Will get more information  
later but it seems there is an  
element of surprise re her cause of  
death."

-----







K  
BB/cr

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Do you recall reading that note some  
time shortly after July 31?

A. Yes.

Q. This was some three days after  
the child had died?

A. Yes.

Q. And there still seemed to be  
some question just as to what had caused the child's  
death?

A. Yes.

Q. And if the note is accurate,  
an element of surprise, it seems that you were not  
the only person who was a bit surprised that Amber  
Dawson died as she did when she did?

A. Right.

Q. Okay. Did you discuss that  
question with anybody, any physician or any other  
nurse on the floor, why did Amber Dawson die as she  
did, when she did?

A. I don't know if I talked about  
that. It was more that the mom was extremely upset.

Q. Yes.

A. And the source of my concern  
came from the mom. When she finally found out that  
Amber had died she didn't want the autopsy done at the





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Hospital and she wanted to take the baby to Sudbury and have the autopsy done there. So, we wouldn't have known for a while until we got the autopsy reports back why this child had died.

6

Q. Right.

7

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11

A. She seemed to be so upset and the doctors couldn't give her a good reason that she was satisfied with of why Amber had died. So, that was more or less, I remember the concern on the floor, was there an answer from Mrs. Dawson, was there a reason why Amber had died.

12

13

14

15

Q. Okay, a couple of things about what you have just said. You said when the mother finally learned about Amber's death I gather there was some trouble contacting or getting in touch with Mrs. Dawson?

16

A. Yes, there was.

17

18

Q. And you were not able to get in touch with her immediately?

19

A. No.

20

21

Q. There was a little delay. Were you actually on the floor when she did come to the Hospital?

22

23

24

25

A. I was about to leave and I saw Mrs. Dawson coming up the hall.





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3

4

Q. All right. Did you hear the questions that she was asking and the comments that she was making?

5

6

A. I recall her asking me when I met her in the hall, why, what happened, and why didn't somebody call me.

7

8

Q And you weren't able to answer her questions as to why and what happened?

9

A. No.

10

11

12

13

Q. And why if anything happened. Did Mrs. Dawson give you the impression that she rather doubted that she was getting the straight goods from the Hospital, was that part of the problem?

14

15

16

17

A. The impression I had was that she wanted the autopsy done in Sudbury because she was afraid that the Hospital would cover up something or not tell her the truth and that's why she wanted an independent autopsy done.

18

19

Q. Were you aware that the death of Amber Dawson was reported to the Coroner?

20

A. No, I don't think I was.

21

22

Q. But in fact you understood, did you not, that an autopsy was performed and at the Hospital?

23

24

25

A. No, I didn't know that.







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Q. You knew an autopsy was performed?

A. Yes.

Q. In Toronto?

A. No, I thought it was in Sudbury.

Q. All right, you thought she had gotten away and gone up to Sudbury, all right.

On the next page of the Communications Book there is a note dated August 8th, 1980, Amber Dawson, which reads:

"Post mortem showed abscess on diaphragm. The Coroner has told mom about this and that it would be difficult to diagnose even with X-ray. Full report is to follow in two months."

Do you recall reading that note in the Communications Book?

A. Yes, I do.

Q. Did that provide you with any explanation as to the cause of Amber Dawson's death?

A. Well, it was giving a reason why she may have died.

Q. Do you understand that an abscess on the diaphragm may well be a reason or





1

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an explanation for the death?

3

A. Yes.

4

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A. I don't recall getting into  
a discussion about that.

10

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15

Q. All right. Just so that we  
complete the story, if we turn to page, I believe it  
is 59 of the chart, you will find there an autopsy  
report in the form used by the Coroner's office, and  
in particular to page 63 where you will find the  
conclusion as to cause of death. Do you have page  
63, Mrs. Trayner?

16

A. Yes, I do.

17

18

19

Q. It appears, does it not, under  
8. Cause of Death, that the pathologist, who was  
Dr. Cutz from the Hospital reported:

20

"The immediate anatomical cause of  
death not determined."

21

22

23

24

25

And listed a couple of contributing  
factors: "congenital heart disease, right hemidiaphragm  
paralysis."





1  
2 Did you ever learn the results of the  
3 full autopsy?

4 A. No, I had thought it was the  
5 abscess on the diaphragm.

6 Q. Do I take it then that having  
7 seen the note about the abscess, which was under the  
8 date of August 8th, 1980, any question that you may  
9 previously have had about the cause of that child's  
death was essentially put to rest?

10 A. It was, especially after we  
11 had received a letter from Mrs. Dawson to the floor.

12 Q. Yes.

13 A. And she was thanking us for  
14 the care that Amber had received at her time during  
15 Sick Kids and she seemed to know why Amber had died  
16 and I didn't know that there would be any other reason  
17 to question that. She was feeling okay and wanted to  
thank the girls at the Hospital.

18 Q. Do you recall when Mrs. Dawson  
19 wrote that?

20 A. No, I can't.

21 Q. Let me find a date on the  
22 autopsy report if I can.

23 THE COMMISSIONER: October 3rd, 1980  
24 is the date on page 63.  
25







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MR. LAMEK: On page 63, the date is  
October 3rd, 1980, thank you, sir.

3

4

Q. Do you recall whether Mrs.  
Dawson wrote before October of the year; was it within  
two or three months of the death?

5

6

A. Yes, it was.

7

8

Q. Was it within a month of the  
death?

9

A. I can't recall.

10

Q. You don't remember that?

11

A. No.

12

Q. Mrs. Dawson may or may not  
have had the final autopsy report when she wrote that?

13

A. Right.

14

Q. Thank you. Can you help us  
with anything else about Amber Dawson, Mrs. Trayner?

15

16

A. No.

17

Q. All right. We come next to  
the first of these children who died while they were  
receiving constant nursing care and that is Lillian  
Hoos who died early morning July 31, 1980, she died  
in Room 418 and on that shift Susan Nelles was assigned  
to provide constant nursing care for that child.  
You were on duty acting as team leader, Mrs. Scott  
was on duty, Mrs. Christie was on duty. You also had

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Trayner, ex.  
(Lamek)

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A. Yes.

13

Q. Certainly a lot of patients.

14

Do you have any recollection of Lillian Hoos?

15

A. No, I don't.

16

Q. Do you have any recollection of

17

the shift on which she died?

18

A. No, I don't.

19

Q. No recollection of seeing her

at all in the course of doing rounds?

20

A. No, I don't.

21

Q. Miss Nelles, as we know, was

22

assigned to constant care?

23

A. Right.

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Q. And that meant that she could not leave that child without arranging for relief, did it not. Somebody had to be with the child at all times, is that right?

A. Well, that's what constant care seems to be.

Q. That's what I thought. And therefore if Miss Nelles wanted to leave, whether it be for a minute or for an hour, a minute to go and get a bottle or an hour to have a lunch break, there had to be someone to relieve her with that child; that was the situation, was it not?

A. That's the way it was supposed to be.

Q. Well, is there any suggestion that there may have been deviations from that?

A. I can't remember this baby, so, I don't know.

Q. Well, let's ask the question more generally. Are you aware of situations, and let's try and focus on the nine month period with which we are interested if we can, are you aware of situations in that period when a child who was supposed to be on constant care nursing was left by the nurse who was assigned to him without a relief being present?







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2

A. For a minute or so, yes.

3

4

Q. Do you have any recollection  
of which child or children was or were involved in  
that?

5

6

A. No, I don't.

7

Q. And on how many occasions do  
you recall that kind of thing happening?

8

9

A. I don't know.

10

Q. More than one?

11

A. Umm.- yes.

12

Q. Well, I recognize that constant  
care orders themselves were not usual, they were them-  
selves a little unusual?

13

14

A. Yes.

15

16

Q. But where constant care was  
ordered was it usual or unusual to find the kind of  
situation that you have just described?

17

18

A. It's unusual. What I am saying  
is that the nurse that was in charge of the baby for the  
constant care may have to run out to get a bottle.

19

20

Q. Yes.

21

22

A. May have to run out to get  
a diaper and there isn't anybody in the hall that she  
can call for at that moment so, she may just run out  
and pick up what she needs and run right back. So, the

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child would be in theory alone for that.

3

Q. For a very brief period of time?

4

A. Right.

5

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Q. Are you aware of any situation on your ward, Mrs. Trayner, where a child on constant care has been left for periods longer than a very brief time such as you have just described and monitored by means of the intercom system?

9

A. No, I'm not.

10

11

Q. You have no recollection of that ever happening?

12

A. No.

13

14

15

16

Q. All right. Are you aware of that ever happening on any other ward. You say it didn't happen on 4A because that's the question that I asked you. Are you aware of it ever having happened on other wards?

17

18

19

20

A. I know that we have left the intercom on at the desk but those are for other reasons, it's not that the child is on shared care or constant care.

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Q. All right. Well, are you aware of that having happened on 4B that a child on constant care has been left alone with the intercom turned on?

A. No, I can't recall.





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Q. Okay. Do you have any recollection - well, let me go back a minute. Where you have a nurse on constant care who needs to be relieved we have heard that usually, almost invariably for breaks, she would be relieved by an RN especially so at night. Is that in accordance with your recollection?

A. Usually, is that what you are saying?

Q. As I understood the evidence it is almost invariably. But let's say usually for a start.

THE COMMISSIONER: Some of the evidence is that way, some of it is not. What's your recollection? Was there a rule that a constant care nurse should be relieved by an RN?

THE WITNESS: The rule was that a constant care nurse should be relieved by an RN.

THE COMMISSIONER: Where would you find that rule, where was it. It doesn't seem to be clear from the only instructions - do you have any written instructions?

THE WITNESS: No, I'm not aware.

THE COMMISSIONER: Is it only because it is always a nurse who does constant care?







1  
2 THE WITNESS: It would be a registered  
3 nurse that would be able to do the treatment that would  
4 be needed on constant care. These children are usually  
5 very sick, that's why they were on constant care.  
6 They would have an intravenous and RNA's can't work  
7 the intravenous, are not responsible for an intra-  
8 venous, they more than likely would be on medication,  
9 RNA's can't give out medication.

10 MR. LAMEK: Is there not, Mrs. Trayner,  
11 another reason for saying that constant care should  
12 be provided by a registered nurse rather than an RNA,  
13 that is to say, that a child who is thought to be  
14 in need of constant care is one who is considered to  
15 be in a precarious condition, is that fair?

16 A. Yes, that's fair.

17 Q. And that an RN by her training  
18 is probably better equipped than an RNA to observe  
19 changes in the condition of the child, is that fair?  
20 I have no doubt there are some RNA's who are brilliant  
21 just as there are RN's who are less than brilliant  
22 but generally is that a fair proposition?

23 A. That's fair.

24 Q. Yes.

25 A. But could I expand?

- - - - -





DM.jc  
L

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Q Yes, of course.

3

A If there was a relief nurse on

4

the floor, and because cardiology is such a specialized

5

area, if Susan Nelles was on constant care and I had

6

Janet Brownless as my other nurse and a relief, if

7

Susan had to leave for 15 to 20 minutes I would

8

probably feel more comfortable with Janet Brownless

9

sitting in with that baby than I would with an R.N.

10

that is not familiar with our floor; is not familiar  
with the children; and is not familiar with cardiology.

11

I would feel comfortable that Janet Brownless would

12

know enough from her experience on cardiology to be

13

concerned and to come and call me if there was, and

14

I don't know if I would have that faith in a new

15

R.N. on my floor.

16

Q A fair observation. Thank you

17

for that.

18

MR. LAMEK: What is your wish, Mr.

Commissioner?

19

THE COMMISSIONER: Well, I think for

20

elevator purposes if for no other we should break

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now until 2:15. Is this awkward for you?

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MR. LAMEK: I am sorry?

23

THE COMMISSIONER: Is this awkward for

24

you?

25





L.2

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MR. LAMEK: No, not at all.

3

THE COMMISSIONER: Well, we will rise

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now until 2:15.

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--- Luncheon recess.

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DM.jc  
AA.1

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--- Upon resuming at 2:15 p.m.

3

THE COMMISSIONER: Yes, Mr. Lamek.

4

MR. LAMEK: Thank you, sir.

5

Q Mrs. Trayner, when we broke for

6

lunch we were talking about the provisions and

7

practices for a relief for nurses who were on constant  
or shared care nursing duty if you remember?

8

A. Yes.

9

Q And you had just explained to me

10

the situation, of your preference, if you had an

11

experienced R.N.A. on your floor, as opposed to a

12

relief R.N. from another floor, and that I think I can  
understand.

13

The evidence as I recall it of the

14

two R.N.A.'s on your team, that is to say Mrs.

15

Brownless and Mrs. Christie, has been that neither of

16

them had ever relieved any constant or shared nursing

17

care for the break of an R.N. Therefore, if their

18

recollections be correct, may I take it that although

19

for reasons that you have explained it might sometimes

20

be appropriate to have an R.N.A. relieve we can at

21

least take it that in the case of the two R.N.A.'s

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on your team they did not relieve constant care

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nurses or shared care nurses. Do you have a

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recollection to the contrary?

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AA.2

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Q. Now, on the night then that Lillian Hoos died, as we said from the assignment book, and let's go back to it again: the night of July 30th to 31st Mrs. Christie was there but occupied with seven patients in two rooms. As I have said, her evidence being that she could not relieve constant care nurses. If Miss Nelles took breaks at night I take it she would have to be relieved by either yourself or Mrs. Scott?

A. Yes.

Q. Is that fair?

A. That's fair.

Q. Now Mrs. Scott, true enough, had all her patients in the same room as Lillian Hoos, in 418, she had five patients there. Would I take it that she could have relieved Miss Nelles while Miss Nelles went for her break?

A. Yes, she could have.

Q. You on the other hand were there with no patient assignments, you also could have relieved Miss Nelles while she had her breaks?

A. Yes, I could have.

Q. Do you have any recollection as to who it was who did relieve Miss Nelles?

A. No, I don't.





AA. 3

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Q. Are you able to tell me from your experience in running this ward at nights who would be more likely to relieve Miss Nelles in the circumstances, yourself with no patient assignments, or Mrs. Scott with five patients?

A. Myself.

Q. But you can't help us as to whether in fact that happened that night?

A. No, I can't.

Q. And fairly, neither could Miss Nelles, or as I recall even Mrs. Scott. So nobody has a recollection of who was relieving for the care of Hoos that night. Do you have any recollection of the arrest of that child?

A. No, I don't.

Q. Do you have any recollection following her death, being concerned about it? Do you recall whether the death surprised you in any way; whether you regarded it as unexpected; whether you were puzzled by it? Do you have any recollection of your reaction to the death?

A. No, I don't.

Q. Do you have any recollection of discussing that child's death with Carol Browne, then I guess Carol Putherbough?







AA.4

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A. No, I don't.

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Q. Are you aware that Mrs. Browne, we can now call her, that is the name under which she gave evidence here, Mrs. Browne has given evidence of a discussion with you and Miss Nelles following the Hoos death?

A. I don't recall.

Q. Perhaps if I refer you to our evidence it may jog your memory. It is in Volume 84 of our transcript, sir, at page 8201. Perhaps I should ask a more general question of you first, Mrs. Trayner. Do you have any recollection of speaking to Mrs. Browne, Carol Browne, with Miss Nelles, at all in July about deaths that were occurring on the wards?

A. I remember talking to Carol about Amber Dawson's death.

Q. Was it just about Amber Dawson's, or do you recall either in that conversation or in another towards the end of July talking to her about deaths generally?

A. I can't recall.

Q. What was the substance of your conversation with Mrs. Browne, Carol Browne, about Amber Dawson's death?





AA.5

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A. I was concerned that I was leaving before my shift had finished, and that Mrs. Dawson still had not come to speak to the doctor. Carol had come on the floor about 7:30 and I wanted to tell Carol what had happened during the night and what had happened with Amber to see if she could sit with the mum when Mrs. Dawson did come in, I didn't know what time she would be there.

Q. Well, this may be an appropriate time to explore this thing, because obviously Lillian Hoos' death occurred right at the very last day of July. At page 8201 in Volume 84 of the transcript here, and this is Carol Browne being examined by Miss Cronk, at line 6:

"You have told us that you became aware of an increased number of deaths in July by virtue I think you said of the nursing staff raising the matter with you?

"A. Yes.

"Q. Who raised the matter of increased deaths with you?

"A. By memory it was primarily Phyllis Trayner and Sue Nelles.

"Q. Do you recall when that occurred?





AA.6

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"A. I believe it was towards the end  
of July.

4

"Q. Did they raise it with you  
together, or did they independently  
seek you out to discuss the matter?

5

6

"A. It was raised together.

7

8

"Q. Did they express concern to you  
at that time regarding the number of  
deaths that were taking place?

9

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"A. It wasn't so much I think at that  
time concern about the number, but the  
fact that deaths were occurring and  
they were questioning their competence,  
had they responded quickly enough, had  
everything been done for the child,  
had they picked up on things."

16

And then lower down the page at line 20:

17

18

19

"Q. Do you recall who first came to  
you to discuss the matter of deaths  
on Wards 4A/4B?

20

21

"A. I believe it was the members of  
the nursing staff."

22

And then over to page 8203, line 8:

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"Q. You have said, Ms. Browne, that  
you think it was the members of the







AA.7

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"nursing staff that first came to you as distinct from the two head nurses?

"A. Yes.

"Q. When you refer to members of the nursing staff are you referring to Ms. Trayner and Ms. Nelles?

"A. Primarily, yes.

"Q. Well, were there other members of the nursing staff other than those two who came to you to discuss this matter at the end of July?

"A. Primarily it was the two of them, and it was more than I would see them at the nursing station when I came on in the morning."

Now, does that assist your recollection as to any discussion or conversation you may have had with Miss Browne with Miss Nelles towards the end of July concerning the deaths that were occurring on the wards?

A. No, it doesn't.

Q. All right. Then just to tie this back to the question relating to Lillian Hoos; page 8207 there is reference to a discussion of the





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death of Amber Dawson as you have said. Then at page 8209, at line 16:

"Q All right. After Lillian Hoos died, did a particular member or members of the nursing team come to you to discuss her death?

"A Again, my memory is Susan and Phyllis.

"Q Do you recall at that time a general discussion with respect to all of the deaths that had occurred in July or was this discussion again specific to Lillian Hoos?

"A At that point I believe the discussion was more around the stress the nursing staff were feeling about deaths."

And there was a discussion about what that stress was, and then at the bottom of the page:

"Q When, as best you can recall it, did that informal gathering take place?

"A It was after the death of Lillian Hoos.

"Q Do you have any clear recollection as to how soon after the death of





AA.9

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"Lillian Hoos it took place?

3

"A. I think it was that morning."

4

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Does that assist you in recalling discussions, conversations involving yourself and Carol Browne about the deaths on the ward in July and effects those deaths were having on the nursing staff?

11

A. I can remember speaking to Carol Browne and voicing our concern to her about the children dying.

12

13

14

15

16

17

18

Q. Yes.

A. But I don't know when that was that I spoke to her, or when Susan and I approached her. The only time that I can clearly remember speaking to Carol was about Amber Dawson.

19

20

21

22

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24

25

A. Yes.

Q. But you can't say just when that was?

A. Right.

Q. Do you have any reason to doubt the recollection of Carol Browne that it was towards







AA.10

1

2

the end of July?

3

A. No, I have no reason.

4

5

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9

Q. Because by that time of course you had been present for three deaths on Ward 4A, and for two on Ward 4B, and Miss Nelles the same I think. In other words you had encountered in the space of the month of July more deaths than you had seen on a ward in the, by now, two years that you had been at the Hospital, is that fair?

10

A. That's fair.

11

12

Q. And that was having an effect upon the nursing staff I take it?

13

A. Yes.

14

15

Q. They were feeling the strain of those deaths?

16

A. Yes.

17

18

19

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25

Q. Now we have drawn a line really at the end of July, but in fact on the very next day there was another death, was there not, that of Philip Turner, at 2:15 in the morning of August the 1st. He again was in Room 418, and as we see from the chart you were on duty as team leader. Miss Nelles was on duty and assigned to the care of Baby Turner; Mrs. Scott was there; Marianna Christie was also working that night, helping on 4B.





AA.11

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Now, looking at the nursing assignments  
for the night, that night you had two patients, Mrs.  
Trayner, both in Room 426. Miss Nelles had three in  
418, one of whom was Turner. Mrs. Scott had three  
patients in Room 418, two in 425 and one in 423.  
Mrs. Christie as well as helping on 4B had five  
patients in 421.

A. (Witness nods).





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BB/EMT/ak

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Q. So each of you had patient assignments that night. Do you have any recollection of that night shift?

A. No, I don't.

Q. Do you have any recollection of Philip Turner?

A. No, I don't.

Q. Or any of the events leading to his arrest and death?

A. No, I don't.

Q. Or of the arrest and resuscitation?

A. No, I don't.

Q. An absolute blank as far as Turner is concerned?

A. Yes.

Q. The next child to die was Dion Shrum who died August 9th. Do you have a recollection of Dion Shrum?

A. No.

Q. He is not on this list, of course. His was the next death in sequence.

Then we come to Kelly Ann Monteith who died at 4:45 in the morning on August 19th. Again in Room 418. Again a patient to whose care







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2

Nurse Nelles was assigned. You were the team leader  
and Mrs. Scott was present on the ward.

4

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9

On the other side Mrs. Bell, Mary Anne  
Bracewell and Yvonne Lyons were on duty. Now for  
the second time we have got a child dying at a time  
when he had an enhanced - she had an enhanced level  
of care provided. She was on shared nursing care,  
was she not, do you recall? I can help you if you  
can't remember that.

10

11

A. I don't recall her being on  
shared care.

12

13

14

Q. Susan Nelles was providing shared  
nursing care, I can tell you, to Kelly Ann Monteith  
and another child.

15

16

17

18

19

I am showing to you the assignment  
book for Monday, August 18, and the night shift as  
well. It does not expressly say for the night shift  
Miss Nelles shared care, but she is looking after  
two children, Monteith and another who during the  
day had been in 418 on shared care.

20

A. Yes.

21

22

Q. Is it reasonable to assume  
shared care in the evening as well?

23

A. Yes.

24

25

Q. Thank you. Now that night you

BB2





1  
2  
3 had three patients, Room 425. Mrs. Scott had six  
4 patients - seven patients spread over four rooms,  
5 and you had a relief, Mrs. Crowdis, working from  
6 7:00 'til 11:00, and looking after five patients,  
7 two of whom were in room 418.

8 Once again we have a situation I  
9 take it with shared care where in order for Miss  
10 Nelles to take a break she has to be relieved.

11 A. Right.

12 Q. Do you have any recollection  
13 of Baby Monteith?

14 A. I don't recall that night. I  
15 can recall on nights previous to that, but not the  
16 night that --

17 Q. All right. Once again would  
18 sight of the chart help you in your recollection?

19 A. I don't think so.

20 Q. In fact there is something I  
21 think I want to show you in the chart, so perhaps  
22 we could have Monteith, please, Mr. Registrar?

23 What is your recollection of the  
24 child? We will come to the events of the night  
25 later.

A. I remember that Kelly Ann  
was brought up to the floor, that she was quite sick





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and Liz Radojewski had thought this child may benefit from the Intensive Care Unit.

4

Q. Right.

5

6

A. She then spoke to Dr. Freedom to see if he could transfer the baby down to the Intensive Care Unit.

7

8

Q. Yes.

9

10

A. And there was a discussion and Dr. Freedom agreed that the baby could go down for a couple of days, and Kelly Ann went downstairs. She came back up two or three days after.

11

12

13

Q. Now as a I say, you were the team leader that night and I assume did rounds of the patients on the floor?

14

15

A. Yes.

16

17

Q. Do you have any recollection of the child that night?

18

19

A. I can recall seeing the mum with the baby, sitting with the baby, but nothing more than that.

20

21

22

Q. All right. You have no independent recollection of the child's condition or course through the night?

23

24

25

A. No.

Q. Do you have any recollection







1  
2  
3 of speaking to Mrs. Bell about the child in the  
4 early part of the shift?

5 A. No, I don't.

6 Q. Do you have any recollection  
7 of saying to Mrs. Bell or indeed to anyone that it  
8 was your impression the baby was not doing very well  
9 and was probably going to die?

10 A. No.

11 Q. Sorry. Okay. I misled you.  
12 I should not think that happened next. That is a  
13 later child. Forgive me. There is no evidence that  
14 you did say that to Mrs. Bell. It was another. I'm  
15 sorry.

16 No recollection at all of Monteith,  
17 though, on that night?

18 A. No.

19 Q. Do you know who relieved  
20 Miss Nelles for her breaks?

21 A. No, I don't.

22 Q. If we look at the chart, please,  
23 of this child and if we could look at page 84 of the  
24 chart which is the flow sheet, the child seems to  
25 have been on hourly vital signs. Is that fair?  
During that last night shift?

A. Yes.





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Q. Can you help me whether the vital signs that are recorded at 2300 hours are in your writing?

A. I don't know if they are or not. They could be.

Q. But you can't be sure of that?

A. No.

Q. I can only tell you that Miss Nelles' evidence here was that those numerals were not in her writing and she believed them to be in yours.

If the vital signs are indeed in your handwriting and recognizing that child was on shared care, would that suggest that at 2300 hours you rather than Miss Nelles were in the room with the child and recording the vital signs?

A. Yes, if that is my writing, yes.

Q. You can't help us in any definite way with respect to that?

A. No.

Q. You have no recollection of the arrest of the child?

A. No, I don't.

Q. Or of anything that occurred





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2

during any resuscitation effort?

3

A. No.

4

Q. Then we come to another child

5

who is not on the list, Mrs. Trayner, and that is

6

Murphy. Forgive me. I was reading too far ahead

7

in my notes. Do you recall the Murphy child?

8

A. Yes.

9

Q. Do you recall a conversation

10

with Mrs. Bell with respect to Murphy when you came

11

on shift, the shift which he in fact died?

12

A. No.

13

Q. All right. What is your

recollection of Murphy, please?

14

A. He was a do not resuscitate.

15

Q. Yes.

16

A. That he got into some

17

respiratory difficulty when Mary Cooney and I were

18

in the room. One of the - there was a doctor on

19

the floor and I can't recall his name, but we called

20

him to come down to see Paul, and there was no

21

extraordinary measures taken. And I can recall

22

Mr. and Mrs. Murphy and their son coming into the

Hospital that night.

23

Q. I'm sorry, you recall Mr. and

24

Mrs. Murphy and?

25







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A. And their son.

Q. Yes.

A. Coming to the Hospital that evening.

Q. Yes. Do you recall registering any surprise at the death of Paul Murphy?

A. No, I don't think I was surprised.

Q. All right. I take it, going back for a moment to the Monteith child, that you don't have a sufficient recollection of that child to be able to tell me whether her death surprised you or not?

A. No, I can't.

Q. Paul Murphy's death came as no surprise to you?

A. Right.

Q. Indeed it was rather expected, was it not?

A. Right.

Q. All right. Let's move then to the final death before you went off to be married and to go away on a honeymoon, the death of Antonio Velasquez on August 24th at 4:25 in the morning.

Now that night you were on duty as





1  
2 team leader; Miss Nelles was not working. Mrs. Scott  
3 was there. Mrs. Christie was there although I tell  
4 you the assignment book shows Mrs. Christie as ill.  
5 I don't know whether she began the shift and left or  
6 what. Do you have a recollection of it?

7 A. No.

8 Q. She is shown on the WIN sheets  
9 as present and working but the assignment book shows  
10 ill. She didn't come at all? It seems the better  
11 recollection is that Mrs. Christie wasn't there  
12 at all that night notwithstanding her appearance  
13 on the WIN sheets.

14 Now what do you recall of Antonio  
15 Velasquez? Again would the chart help you,  
16 Mrs. Trayner?

17 A. Yes.

18 Q. Yes, it would?

19 A. Yes.

20 Q. Now just let me give you the  
21 nursing assignment before we get into that. You  
22 were team leader as I say, and had two patients in  
23 425 that night. Mrs. Scott had three patients in  
24 418 none of whom was Velasquez. Mrs. Christie as  
25 we have said was ill. Mary Cooney was helping you  
on the floor that night you may remember. She had





1  
2  
3 a child in 421, one in 423 and two in 418 one of  
4 whom was Velasquez.

5 A. Yes.

6 Q. What can you tell me about the  
7 Velasquez baby?

8 A. I can remember coming on and  
9 the child had a fever and was given some temptra.  
10 I can also remember giving the baby some codeine,  
11 and the last I saw of the baby that I can recall  
12 was in his mum's arms. I had handed her the codeine  
13 to give to him and he seemed to be quiet in mum's  
14 arms.

15 Q. Yes.

16 A. And I had left the room.

17 Q. At what time of the evening  
18 was that?

19 A. Just a second, I will look for  
20 the doctor's orders. I gave the baby some ASA at  
21 2100. I gave some codeine, 8 milligrams, at 2130  
22 which is 9:30 in the evening.

23 Q. To what are you referring for  
24 that information, please?

25 A. It is on the chart.

THE COMMISSIONER: What page?

THE WITNESS: 000081.

BB10







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BB11

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MR. LAMEK: Q. 81?

4

A. Yes. Doctor's orders.

5

6

Q. Thanks. I was looking at the med sheet a couple of pages farther. I saw some of the things but not all.

7

A. Yes.

8

9

Q. All right. There is an order as you say for ASA, 1½ grain, 75 milligrams PO.

10

A. Hm-mm.

11

12

13

Q. All right. Is there a time there? Yes, 2100. All right. Is that the time that mother was holding the baby the last time you saw the child?

14

A. About 9:30, yes.

15

Q. Then what?

16

A. Then I was busy with Paul Murphy.

17

18

Q. Right.

19

20

A. And I don't - I don't recall seeing the baby from that time on until Bertha came to tell me that the baby was sick.

21

22

23

24

25

THE COMMISSIONER: Mrs. Trayner, I had you saying that you gave the baby ASA at 2300. Is that wrong?

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Q. In fact, you did administer medications at 2330 did you not, you restarted the IV and you gave mandol at 2330?

A. That's what it says here in the chart, yes.

Q. Yes. You have no separate recollection of doing that at 11:30 at night?

A. No.

Q. But that does suggest that you saw the child at that time?

A. Yes, it does.

Q. All right. So, as you have told us, the administration is at 2130; mother was there at that time?

A. Yes.

Q. And then you don't recall seeing the child until when, until his arrest?

A. Just before that.

Q. All right. Although, it appears from the order sheet that you may well have seen him at 2330.

A. Yes.

Q. When you gave the mandol?

A. Yes.

Q. But you have no recollection of





1

2

that, you don't recall seeing him until shortly  
before the arrest?

4

A. Right.

5

6

Q. Now, how did it come about  
that you saw him at that time?

7

8

A. I was coming up the hall and  
Bertha said that the baby's apex was irregular and  
lethargic and she had put a call in for the doctor.

9

10

Q. Yes.

11

A. And I went into the room at that  
time then.

12

13

Q. And was he as he had been  
described by Mrs. Bell?

14

A. Yes, he was.

15

Q. And the doctor arrived?

16

A. Yes.

17

Q. Dr. Wilkinson?

18

A. Yes.

19

Q. And what's your recollection of  
what then occurred?

20

A. I can remember Dr. Wilkinson  
asking for narcan.

21

Q. Yes.

22

23

A. I can remember that there was  
some movement in the baby and then I can remember

24

25







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Dr. Wilkinson giving another dose of the narcan and  
then the baby arrested.

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4

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Q. All right. Now, at page 48  
of the chart, the physician's note for 24/8/80 it  
says:

6

7

8

"I received a call from 4A nurses at  
about 0300, informing this child's  
heart rate had dropped to below 90."

9

10

11

And that I take it is consistent with  
your recollection that this was about 3 o'clock in  
the morning when all this occurred?

12

13

A. I don't remember the time, I  
just remember Bertha telling me.

14

15

Q. All right. You have no  
recollection of how far into the night this was?

16

17

18

A. No.

Q. It's awfully difficult to ask  
you about the administrations of medications at 11:30  
because you have no recollection of doing it?

19

20

21

Q. No point in asking you whether  
there was anyone else in the room at the time because  
you have no recollection of it, have you?

22

23

24

25

A. No.

Q. All right. You have no





1

2

recollection of being in the room at all between  
2130 and shortly about 3 o'clock in the morning?

3

4

A. Right.

5

Q. Were you surprised by the  
death of Velasquez?

6

A. Yes, I was.

7

8

Q. He did not appear to you to  
be at risk of dying that night?

9

A. No, no I don't think so.

10

11

Q. Indeed, it was expected the  
child would be sent home very soon, was it not, he  
was recovering from surgery?

12

13

A. Yes.

14

Q. And appeared to be doing well  
after the surgery?

15

16

A. I can't recall any specifics,  
but I can't recall that there was a big problem either.

17

18

Q. You must have wondered what had  
happened to Baby Velasquez?

19

A. Yes.

20

21

Q. Did you ask anybody, did you  
raise the question with anybody what caused Velasquez  
to turn sour and die like that?

22

23

A. I had asked the head nurse,  
Liz Radojewski.

24

25





Trayner, ex.  
(Lamek)

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2

Q. Mrs. Radojewski?

3

A. Yes.

4

Q. Did she have any thoughts to  
offer on it?

5

6

A. She had thought that it was too  
much narcan and with the combination of the codeine and  
the tempra and the ASA that was given.

7

8

Q. Do you recall when you had  
that conversation with Mrs. Radojewski?

9

10

A. It was on the Tuesday evening  
I think.

11

12

Q. That would be a couple of days  
after the child had died?

13

14

A. Yes.

15

Q. All right. Did that  
explanation satisfy you?

16

17

A. I didn't know of any other  
reason and that's what Dr. Freedom had said and I  
don't know that much about the drug narcan.

18

19

Q. And you are saying you didn't  
have enough information to question it is essentially  
what you're telling me?

20

21

A. Right.

22

23

Q. And therefore accepted it I  
assume?

24

25







1

2

A. Yes.

3

4

Q. All right. Now, we know that that - you say on the Tuesday. What day of the week did Velasquez die?

5

6

A. Sunday morning.

6

7

Q. You were not in the Hospital on Tuesday, were you?

8

A. No, I wasn't.

9

10

Q. Was your conversation with Mrs. Radojewski on the telephone?

11

A. Yes.

12

13

14

Q. All right. Indeed, when you went off duty the morning of the shift that Velasquez died, you were not back on duty in the Hospital, were you, until the 24th of September?

15

A. Right.

16

17

18

Q. Indeed, you were away for a full month, that was the time you were married and you were going away on your honeymoon?

19

A. Right.

20

21

22

23

24

25

Q. And although from the WIN sheets you were scheduled to work on Sunday the 24th long night and again the long day on Tuesday the 26th and Wednesday the 27th. You did not in fact work those shifts, did you?





1

2

A. No.

3

Q. How did it come about that you

4

did not work those shifts?

5

A. For the Sunday night Marie Mandal,

6

who is the team leader on Sunday morning, had called

7

and told me not to come in that night.

8

Q. Did she give you a reason for

9

that?

10

A. I remember feeling exhausted

11

that morning after Paul Murphy and Velasquez and very

12

tired and she said that she had spoken to Liz in the

13

morning, Liz had called early, and they thought they

should give me the night off.

14

Q. Okay, let me understand. When

15

you had gone off shift that morning, on the Sunday

16

morning?

A. Yes.

17

Q. You had seen Marie Mandal?

18

A. I had given her a report.

19

Q. Okay, she was coming on to

20

take over from you on 4A?

21

A. Yes.

22

Q. You had seen her and told her

that you felt pretty drained, exhausted?

23

A. Yes.

24

25





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3

Q. Because of the night that you  
had had?

4

A. Yes.

5

Q. Two deaths in that shift?

6

A. Yes.

8

7

Q. And you understood then from  
a call later in the day that she spoke to whom, to  
Mrs. Radojewski?

8

9

A. Yes.

10

11

Q. She wouldn't be in the Hospital  
that day either, would she?

12

A. No.

13

Q. She called Mrs. Radojewski you  
understood?

14

15

A. No, I understood that Liz had  
called the ward.

16

17

Q. Okay. In any event, she had  
spoken to Mrs. Radojewski and told Mrs. Radojewski  
of your condition when you went off shift on Sunday  
morning and I take it between the two of them it  
was decided that you should not come in Sunday night?

20

21

A. I guess so, yes.

22

23

Q. All right. Do you know whether  
any other member of your team was similarly excused  
from coming in on Sunday night?

24

25







1

2

A. No, I don't.

3

Q. From what you could see of them

4

as you were going off shift on the Sunday morning, did

5

they too appear to be worn out after the night that

6

they had had?

7

A. Supposedly, yes.

8

Q. But so far as you know they

worked as scheduled the following shift?

9

A. Yes.

10

Q. Okay. And then what happened

11

on the Tuesday and Wednesday when you were scheduled

12

to work long days?

13

A. I was speaking to Liz, it must

14

have been Monday night, and I don't know how it came

15

about, if I had asked for the time off or she had

16

suggested taking some time off, I don't know.

17

Q. All right. Now, on the WIN

18

sheet for Wednesday the 27th when you were down to work

19

a long day there is a notation beside it "ill", but

20

there is no such notation on Tuesday the 26th. But in

any event, you did not work that day?

21

A. No.

22

Q. And therefore from the morning,

about 7:30 in the morning --

23

THE COMMISSIONER: I am sorry, you say

24

25





Trayner, ex.  
(Lamek)

1  
2 there is no such indication?

3 MR. LAMEK: I'm sorry, what?

4 MR. ROLAND: Mr. Lamek seems to be  
5 misreading these WIN sheets, at least from the version  
6 I have. He has indicated that Mrs. Christie had been  
7 marked as ill on the previous week and certainly on  
8 my copy she is ill three days. I see on Mrs. Trayner,  
9 then Miss Morin, she is ill for two days; 26th and  
10 27th. I think our bookkeeping is a little better  
11 than what Mr. Lamek is prepared to give us credit for.

12 MR. LAMEK: I am sorry. I am sorry,  
13 what was the thing about --

14 THE COMMISSIONER: Well, you indicated  
15 that on the Tuesday there had been no documentation  
16 about the illness of --

17 MR. LAMEK: All I am saying, sir, is  
18 that on the WIN sheet that I am looking at --

19 THE COMMISSIONER: Yes, you are probably  
20 right.

21 MR. LAMEK: -- Tuesday, August 26th  
22 we have Miss Morin LD, and I don't see anything written  
23 against it as opposed to the Wednesday where it says  
24 LD and then "ill". Is that right?

25 MS. CRONK: That's what I have.

MR. SCOTT: Can we just compare them for





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a minute, Mr. Commissioner.

MR. LAMEK: Well, whether it is the same as anyone else has I am at least reading this one right, aren't I?

MR. SCOTT: Well, we would like to have the same material that you do.

THE COMMISSIONER: Well, there is some kind of a mark after this, a mark that seems to have been either erased or rubbed over or something on mine.

MR. LAMEK: You think that's a mark?

THE COMMISSIONER: Well, maybe I am wrong.

MR. THOMSON: Mr. Commissioner, I would be obliged if the witness would be allowed to see as well the material that my friend from the Hospital has. I frankly am not familiar with any of this and the witness probably is, if she could see it it would be helpful.

THE COMMISSIONER: I don't think there is much question, but maybe I am presuming that Mrs. Trayner was sick on the Tuesday because that's what the assignment book says.

MR. LAMEK: I have no reason to doubt it and nothing turns on it.

THE COMMISSIONER: And I also want to







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play detective by saying that I think there was a  
mark on the WIN sheet.

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4

MR. LAMEK: Q. In any event, this one  
doesn't matter because the fact is you didn't work  
and frankly I don't mind why.

5

6

7

Apart from the Sunday when the night off  
was offered to you, you did not work again on the  
Tuesday and the Wednesday, you did not work again  
before your wedding date?

8

9

10

A. I don't recall that, no.

11

12

Q. You don't recall that you did  
work again, okay.

13

14

15

16

Let's pause there then because that  
effectively takes us to the end of August. We have  
gone through two months in which you had had a fair  
exposure to death on the cardiology wards, had you  
not?

17

A. Yes.

18

19

20

21

22

23

24

25

Q. Indeed, on your side of the  
ward in those two months - I am just looking at the  
children on this one chart for the moment, forgetting  
the Perreaults and the Shrums and the Murphys, we  
had had Bilodeau die, Dawson, Hoos, Turner, Monteith,  
and now Velasquez. Each one of them had died in Room  
418, on each occasion you had been the team leader.





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On all but Velasquez the patient had been Miss Nelles' patient and, in addition, there had been, as we have already said, Perreault and Murphy and Shrum and so on and a couple of deaths on Ward 4B.

By the time you got away from that Hospital on the 24th of August how were you feeling, Mrs. Trayner?

A. I was exhausted.

Q. Pretty drained and worn out?

A. Yes.

Q. Ready for some time off I take it?

A. Yes.

Q. Those could not have been very pleasant months to live through.

A. I just remember feeling awfully tired and a feeling that I couldn't go on.

Q. Well, then it won't surprise you that Miss Nelles said essentially the same thing in almost exactly the same words. You were glad to get away?

A. Yes.

Q. And glad I take it of not having to work those extra two or three shifts so you could relax a bit before your wedding?





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A. Yes.

3

Q. All right. Now, you were

4

married I think on the 29th of the month?

5

A. Yes.

6

Q. And were any of the people from

7

the ward at the wedding?

8

A. Bertha Bell was invited to the

9

wedding.

10

Q. Yes.

11

A. Marianne Bracewell.

12

Q. Had you invited Miss Nelles?

13

A. Yes, I had.

14

Q. And was she there?

15

A. No, she couldn't make it.

16

Q. All right. Do you remember

17

anyone else from the ward who turned up?

18

A. Liz Radojewski came to the

19

church.

20

Q. Yes.

21

A. And so did Mrs. Christie and

22

her husband.

23

Q. Okay. Now, you have told us

24

of a telephone conversation with, I think you said

25

Mrs. Radojewski on about the Tuesday of the week in  
which you were married, the Tuesday before your







1  
2 wedding, and at that time you had the conversation  
3 with her about Velasquez and so on and she told you  
4 about the narcan?

5 A. Yes.

6 Q. Was it also in that conversation  
7 that perhaps there was some reference to your not  
8 going in because you were supposed to be in at work  
9 on the Tuesday were you not. You may have told her  
10 that you weren't coming, you were sick or something of  
that sort. Do you have a recollection of that?

11 A. I don't have.

12 Q. Okay. Other than that  
13 conversation with Mrs. Radojewski on that day,  
14 whether it be Monday, Tuesday, Wednesday or whatever,  
15 did you have any or were you in the Hospital at all  
16 between the end of the shift on which Velasquez died  
and September the 24th in the evening, 1980?

17 A. No.

18 Q. You were not in the Hospital.  
19 You had a conversation with Mrs. Radojewski on the  
20 telephone, you saw certain of your colleagues at your  
21 wedding; other than that, did you have any contact  
22 with anyone from the Hospital in the month that you  
were away?

23 A. I had spoken to Bertha Bell.  
24  
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Q. Okay. Approximately when?

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A. It would be about 10 days after

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the wedding.

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Q. After the wedding, you went  
away after the wedding?

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A. Yes.

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Q. Were you back in Toronto by  
the time you spoke to Mrs. Bell?

6

A. Yes.

7

Q. In the course of the conversa-  
tion with Mrs. Bell, did you have any conversation at  
all about how things were on the ward and how things  
were on the floor?

10

11

A. Not that I can remember, no.

12

Q. Did you have any other conver-  
sation with anyone else from the Hospital prior to  
your return on the evening of September 24th?

13

14

A. Not that I can recall, no.

15

Q. Do you recall when you spoke  
to Mrs. Bell whether you said to her: "How are things  
there? Are you still having deaths on the floor?"

17

18

A. No.

19

Q. You did not ask her that?

20

A. I can't recall that, no. In  
my conversation I would have said: "How is everything  
going?" And she would have said: "Fine." But that  
is the extent of the conversation that I can remember  
because we went on to talk about the wedding.

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Q. You don't recall whether she said to you: "Gosh things have been better; we haven't had all those deaths in the last couple of weeks." You don't recall her saying anything like that to you?

A. No.

Q. When you returned to the Hospital on the evening of September 24th to resume your duties on Ward 4A, when you left home that night, did you have any information at all as to whether the deaths which you had been experiencing in June, July and August had continued during your absence?

A. No.

Q. Had you made any effort at all to find out whether they had?

A. No.

Q. Did you care whether they had?

A. I didn't really think of it.

Q. Mrs. Radojewski (sic), you had left the Hospital on August 24th exhausted, as you say, drained; you had an exceedingly tense period from the beginning of June until that morning; you had felt stress among yourself and your nurses to the extent that at the end of July, according to Mrs. Bell, when you were talking to her about the strain and the stress and it continued through August, it did





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not enter your mind to wonder whether you were going  
back to the same situation on September 24th?

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A. No, it didn't.

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Q. All right. In fact, when  
you got onto the floor that night, you saw your  
colleagues, did you ask them whether there had been  
deaths while you were away?

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A. No, I didn't.

Q. Did anybody tell you whether

there had been deaths while you were away?

11

A. I don't believe so.

12

13

14

Q. Did you subsequently learn  
that in fact in the four weeks you were away one child  
had died, and it was Laurette Heyworth, on September  
2nd?

15

A. I just found out that recently.

16

17

Q. When you say "recently", within  
the last few months?

18

A. Yes.

19

Q. Until then you did not know  
even of Laurette Heyworth's death?

20

A. No.

21

22

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Q. Did you ever have any under-  
standing or information as to whether no children,  
one child, ten children, twenty children had died while





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you were away?

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A. No, I didn't.

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MR. HUNT: Mr. Commissioner, I am  
having difficulty hearing the witness over here.

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THE COMMISSIONER: Yes. From time to  
time we do have trouble with that machine. You may  
have to pull it closer or pull yourself closer to it,  
and I don't know, it is probably easier to move your-  
self.

10

11

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13

MR. LAMEK: Q. Although you did not  
know until recently, as you say, that Laurette Heyworth  
had died on September 2nd while you were away, did you  
know that child?

14

A. No, I didn't.

15

Q. You knew nothing about her?

16

A. No.

17

18

19

Q. Did you learn when you returned  
to the Hospital that in your absence there had been  
what was called a mortality and morbidity conference on  
September 5th?

20

A. I had read it in the communica-  
tions book.

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Q. Did you look at the communica-  
tions book when you got in that night to catch up on  
what had been happening?







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A. I can't recall if I did that night or not.

Q. But at some stage you took a look at the communications book?

A. Yes.

Q. Because that is a source of information about what is going on on the ward?

A. Yes.

Q. And you learned -- was it in that way that you learned of the mortality and morbidity conference?

A. Yes.

Q. Did you talk to any of your colleagues about that conference once you learned that it had taken place?

A. I can't recall. I can't recall speaking to someone specifically, but the mortality rounds were discussed amongst us on the team, but I can't pinpoint the time or the date.

Q. Had the mortality rounds of September 5 been arranged before you left for your wedding or were they all arranged and set up and conducted in your absence?

THE COMMISSIONER: There is a difference, is there not, between -- I don't know,





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DD6 2 the mortality rounds, these are special meetings, is  
3 it not?

4 MR. LAMEK: I think we are referring  
5 to the same thing, Mr. Commissioner.

6 THE COMMISSIONER: All right.

7 MR. LAMEK: People variously refer  
8 to them as mortality rounds or morbidity and mortality  
9 conferences, but we are talking about the same thing,  
are we not?

10 A. Yes.

11 THE COMMISSIONER: Why would they  
12 be called rounds? I thought rounds were when doctors  
13 went from bed to bed, and nurses went from bed to bed  
14 to see the patients. Isn't that what rounds are?

15 THE WITNESS: That is one form of  
the rounds, yes.

16 THE COMMISSIONER: An ordinary meeting  
17 would be called a round as well?

18 THE WITNESS: Yes.

19 THE COMMISSIONER: You can't help me  
20 out as to why? Is it a meeting at a round table or  
something?

21 MR. LAMEK: As much as we call it a  
22 sitting even though counsel are standing.

23 Q. We are talking about the same  
24  
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thing whether we call it the M&M conference or the mortality rounds?

A. Right.

Q. We are talking about that meeting which was attended by cardiologists, cardiology Fellows, nurses, at which deaths were discussed?

A. Yes.

Q. You don't recall whether that conference was arranged before you left for your wedding?

A. No, I can't recall.

Q. I won't, unless you think it will be helpful to you, Mrs. Trayner, take the time to direct you to the notes of that meeting in the communications book. Was it your understanding that at the meeting three deaths had been discussed, three of the children who had died over the course of the summer?

A. Yes.

Q. Was it also your understanding that the message, if I can put it that way, of the cardiologists to the nursing staff was these were very sick children, that is why they died, do not question the care you are giving, there is nothing you could have done?







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A. Yes, that was one of the reasons that were given.

Q. Were there other reasons given, as you understood it?

A. Yes. I understood it as Bilodeau --

Q. Yes.

A. Baby Bilodeau, at these rounds, this was the first time that the Intensive Care Unit came about.

Q. That's right. It was an early reference to the possibility of an intermediate Intensive Care Unit, that is a step-down unit?

A. Yes.

Q. The notes - and they are called mortality rounds interestingly enough in the communications book - begin at page 7 under the first tab in the book. By all means look over them and see if they help you to recall what you understood happened in those rounds. Does that assist your recollection of how you learned about the mortality rounds that had been held in your absence?

A. Yes.

Q. Indeed if you turn a little further on in that book, Mrs. Trayner, following page





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12 there is an unnumbered page consisting of the minutes of the M&M conference of Friday, September 5. Did you also see those minutes in the communications book at some point?

A. I can't recall.

Q. You do recall seeing Mrs. Radojewski's handwritten notes?

A. Yes.

Q. And from what you were able to observe on the ward, did it seem to you that the mortality rounds on September 5th had had a beneficial effect in reducing the stress level of people on the ward?

A. I think they were trying to. There was some explanation now, you know, that we were getting from the doctors.

Q. Yes.

A. That seemed to help.

Q. Did you understand there was to be a further conference later in the month of September?

A. Yes.

Q. Indeed, a couple of days after you got back, on September 26th?

A. Yes.





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Q. Did you go to that conference?

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A. No, I didn't.

4

Q. Were you not on duty at the  
time?

5

A. No.

6

Q. You must at some stage have  
learned, however, that the rate at which deaths had  
been occurring in July and August had dropped in  
September?

10

A. I can't recall what I was  
thinking.

11

12

Q. Well, you know now -- I'm  
sorry, go ahead.

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A. If there was no arrest for a  
period of time, then, yes, I would have felt that,  
that they had dropped down. But the deaths, you know,  
in June, July and August, there were an increasing  
number but, you know, there were sick babies in there.

18

19

20

Q. Okay, let's explore it for  
a minute, and we are really talking July and August,  
aren't we? There was no great rash of deaths on  
the floor in June I believe?

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A. No.

22

Q. We are talking July and August?

23

A. Right.

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Q. There were lots of deaths because, as you say, they were sick babies. Did you have some perception that the babies on the floor in September while you were away had been less sick?

A. While I was away?

Q. Yes.

A. I don't know what the condition was of the babies when I wasn't there.

Q. But did you ever enquire? Did you at some stage learn that in the month that you had been away, the four weeks that you had been away, one child had died? Did you ever learn that?

A. No.

Q. Is that news to you today for the very first time?

A. No, it is not news to me.

Q. When did you learn that?

A. I don't know when I did.

Q. Can we try and put it on either side of a milestone. Was it before or after the end of the preliminary inquiry into the charges against Miss Nelles?

A. It may have been, it may have been before.

Q. Do you know whether it was





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before or after the beginning of the preliminary inquiry?

A. I can't recall.

Q. You can't remember?

A. No.

Q. Are you reasonably confident that it was not prior to the arrest of Miss Nelles? Did you know at any time before March 25, 1981 that in the four weeks you had been away only Laurette Heyworth had died?

A. No, I did not.

Q. You did not know that?

A. No.

MR. LAMEK: This is a convenient time if it is for you, sir.

THE COMMISSIONER: Yes. All right, twenty minutes.

--- recess.





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/EMT/ak

--- Upon resuming.

THE COMMISSIONER: About this discussion of further evidence in Phase I we are going to have tomorrow night, I have been trying to sort out a proper procedure.

We have had some indication I think from Mr. Tobias and Miss Symes as to witnesses they want, but we haven't from the others. I don't think I asked for it.

I think the only thing we can do is I want whoever has any intention of either having Commission Counsel call witnesses or himself call witnesses, I want to know about that tomorrow. Now that doesn't totally foreclose you forever if something happens, but that's the plan.

Now if Commission Counsel can give an answer, an answer immediately tomorrow, we will do that. otherwise we are going to give them until Monday to make up their minds what their position is, either that they will call them or that they won't and why they won't, and so that is the way it will work out unless somebody has some complaints about that system.

Yes, Mr. Tobias?

MR. TOBIAS: Sir, I should mention







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I have some meetings on Friday --

THE COMMISSIONER: On which, on  
Friday?

MR. TOBIAS: On this Friday that  
may necessitate my asking or advising you that I  
intend to call certain other witnesses.

THE COMMISSIONER: Well, I thought  
you had written a long letter to Miss Cronk.

MR. TOBIAS: I'm sorry?

THE COMMISSIONER: I thought you  
had written a long letter to Miss Cronk with your  
list.

MR. TOBIAS: Yes, I have, but I  
have not had an opportunity to speak to several  
doctors that I myself have contacted, and as a  
result of my discussions with them they may have  
something relevant to offer. I won't know until  
I have met them.

THE COMMISSIONER: Yes. I would  
just like to point out contrary to some item that  
I heard on the radio this morning, that we have  
had a few doctors here. I was surprised to hear that  
we had never called any doctors, but apparently that  
rumour is floating around the CBC somewhere.

Well, "several doctors" fills me with





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horror, Mr. Tobias --

MR. TOBIAS: No, no.

THE COMMISSIONER: I tell you one doctor doesn't fill me with quite as much horror as several.

MR. TOBIAS: Don't misunderstand me. It would only be one doctor, but until I have spoken to the ones I have meetings with on Friday I won't know what any of them --

THE COMMISSIONER: Well, we had all those doctors before Christmas and you had a fair amount of time to consider it. I will never refuse you an opportunity to make a request, but the later you make it the less receptive I am going to be.

Now tomorrow then I would like to hear from everybody as to who they do want, and I am certainly not encouraging you to call witnesses casually, but if you have a real honest, and I am sure it will be honest but if it is a real sensible application I am going to put it to Mr. Lamek and Miss Cronk and will require them to answer and then I will make a ruling some time next week. Perhaps it may not be next week but we will see how we are making out. And then you can take whatever action you deem appropriate or you may act as you are





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advised I think is the appropriate comment.

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All right, that being the case,

4

Mr. Lamek, will you proceed?

5

MR. LAMEK: Thank you, sir.

6

Q. Mrs. Trayner, just before we

7

go on to the particular case of Brian Gage, and

8

picking up from your departure following the death

9

of Antonio Velasquez, can you help me as at that

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stage, the last death in August, the last death at

11

which you were present prior to going off to be

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married, what observations had you made about the

13

deaths that had occurred on the ward? Had it, for

14

example, occurred to you by the end of August that

15

the deaths on the ward had almost entirely taken

16

place while your team was present on duty? Had you

17

made that association by the end of August?

18

A. No, I hadn't.

19

Q. All right. Had it occurred

20

to you that of the deaths that had occurred, very

21

many of them had occurred at the small hours of

22

the morning?

23

A. I don't think I had made that

24

observation either.

25

Q. Had it occurred to you that

you yourself had been present for a very large number







1

2

of deaths those two months?

3

A. Well, that had occurred me,

4

yes.

5

Q. Indeed were you aware of a

6

death that had occurred in the two months for which

7

you had not been present?

8

A. I don't think so. I wasn't

9

aware. I hadn't made any observations on that.

10

Q. Had it occurred to you that

11

many of the deaths that had occurred on your

12

side of the floor, on 4A, had been deaths of patients

13

who were assigned to Miss Nelles at the time of their

14

deaths?

15

A. No, it hadn't.

16

Q. You hadn't made that connection

17

either? Perhaps at a later stage you began to observe

18

some of those threads running through the deaths,

19

but you hadn't done it as at the end of August?

20

A. No, I hadn't.

21

Q. All right. Let's move on to

22

the case of Brian Gage.

23

When you returned to duty for the late

24

night shift on September 24th you did not act as

25

team leader that shift, did you?

26

A. No, I didn't.

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Q. Susan Nelles was acting as team leader?

A. Yes, she was.

Q. Did you understand that during your absence from the Hospital in that four weeks she had during that period acted as team leader of your team?

A. Yes, I had.

Q. All right. Was it generally acknowledged that Miss Nelles was your backup team leader in a sense if you were not there she would act in your stead?

A. Yes.

Q. All right. When you got back did you have any conversation with her as to how she had done and how she had enjoyed being team leader, that sort of thing?

A. I can't recall anything.

Q. Nevertheless she acted as your team leader on the night of September 24-25?

A. Yes.

Q. And that I take it was because you, just coming back from an extended time away, were not familiar with any of the children on the floor or anything of that sort?





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2

A. Right.

3

Q. And it was a transition period

4

for you to work on the team as a member of the

5

team for that shift to get back into the flow of

6

things on the floor?

7

A. Right.

8

Q. Now on that night we know from

9

the assignment book Miss Nelles had no patient

10

assignments. You were looking after four patients

11

in Room 418. Mrs. Scott had six patients in Room 421

12

and one patient in 418, that one being Brian Gage.

13

And Mrs. Christie had four patients in Room 425,

14

two in Room 426 and one in Room 423. We had 18

15

patients on the floor that night.

16

Do you have any recollection of  
the events that night?

17

A. Vaguely, yes.

18

Q. Can you tell us, please,

19

what you recall, and again would it be useful for  
you to have the chart in front of you?

20

A. Oh, yes.

21

Q. I tell you, Mrs. Trayner,

22

that the nursing note for that final shift is on  
page 65 of the chart.

23

A. Okay.

24

25







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3

Q. Now may I take it, first of all, that you did not know Brian Gage?

4

A. That is right.

5

6

Q. He had been admitted to the Hospital while you were away?

7

A. Right.

8

9

Q. He was not your patient that night, but he was in a room with your patients?

10

A. Right.

11

Q. Can you tell me then what you recall of the events of the night?

12

13

14

15

A. I can recall Sui telling me that he was sick and that he had been sick most of the evening. I had suggested to Sui to use half strength formula.

16

17

Q. I'm sorry, when you say "sick" can you be any more precise on that?

18

A. He was vomiting.

19

20

21

22

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Q. He was vomiting, all right.

A. Yes. And it seemed to me that he wasn't tolerating the formula that she was giving so I had suggested half strength formula to her, and I remember him still vomiting. I suggested sugar water, D5W. I can remember suggesting to her that she should talk to Susan, Susan Nelles, about





1  
2  
3 the baby, and see if she wanted to bring - to call a  
4 doctor up, and I can't remember the arrest happening.

5 Q. It is clear from the nursing  
6 note written by Mrs. Scott that night your recollec-  
7 tion is good. Indeed the child was vomiting. When  
8 he was fed SMA20 by NG tube he vomited it. He was  
9 then given half strength SMA24. He seemed to be  
10 taking that all right according to the note but  
11 then he vomited all that up.

12 Do you recall that he was going to  
13 the OR the next morning for surgery?

14 A. I can recall Sui telling me  
15 that, yes.

16 Q. All right. The note then goes  
17 on:

18 "D5W was repeated without delay.

19 Vomited what was taken in."

20 He wasn't even able to keep D5W down. Do you have  
21 a recollection too that because the child was going  
22 to surgery the following morning it was thought  
23 important to get some food into him before he went -  
24 I think he would go NPO about 4 o'clock anyway,  
25 would he not?

A. Yes. I don't remember that  
being a concern that he was going for surgery that





1  
2 we would feed him. I remember being concerned that  
3 the baby hadn't tolerated anything all day.

4 Q. Yes.

5 A. And that he should have some  
6 fluid. But not that he was going to OR. That  
7 wasn't a big concern that night.

8 Q. Other than observing the  
9 child was having this vomiting difficulty all night  
10 whenever an attempt was made to feed him did you  
11 make any other observation of him while you were in  
12 418 that night?

13 A. I thought he looked fairly  
14 ill. He looked - I can remember him being very  
15 pale and I remember him as a very small tiny baby.

16 Q. Did you spend much of that  
17 shift in Room 418?

18 A. I can't recall that. You  
19 said I had four babies in there?

20 Q. Four babies - well, four  
21 children in there. I assume they were babies since  
22 it was Room 418.

23 A. I recall --

24 Q. Do you have any recollection  
25 of how demanding they were of your time?

A. No, I can't.







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FE11

Q. Do you have any recollection as to how much time Mrs. Scott spent in Room 418?

A. No. I can recall seeing her during the night and throughout the night but I don't know how long.

Q. And she did have half a dozen patients in another room of course?

A. Yes.

Q. Did you feed Brian Gage at all during that night?

A. I don't recall what I did, no.

Q. It was Mrs. Scott's evidence that at one stage you did feed him. It was thought that perhaps just a change in the person giving a feed, even though he was on NG tube might have some better effect than the lack of success that had been experienced earlier. Does that jog your memory at all?

A. It doesn't jog my memory. I could only go by experience.

Q. Yes.

A. And my feeling is that that baby was very sick. Vomiting. He was being tube fed, and it would be my experience that if you were going to tube feed this baby the little - as little





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movement as possible would be better for this child to see if that would help him to tolerate the milk or the water.

5

Q. Yes.

6

7

8

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A. The little movement as possible would be better in an Isolette on his left side instead of in somebody's arms where you would have to move to put him back into the crib.

10

Q. Yes.

11

12

13

A. Or into the Isolette. He was also in an Isolette and with him being that small I don't know if we would have taken him out of the Isolette to feed him.

14

15

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18

Q. Are you suggesting that unless you do in fact take the child out of the Isolette and hold him in your arms, it probably doesn't make very much difference who puts the food into an NG tube. It is not going to have much of an effect on whether he is able to keep it down or not?

19

A. Right.

20

21

22

23

Q. Okay. Nevertheless if it is Mrs. Scott's recollection that you gave to that child his last feeding I take it you have no recollection to either confirm or contradict that?

24

A. No, I haven't.

25





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Q. Do you recall Mrs. Scott  
going off for her lunch break that shift?

4

A. No, I don't.

5

6

7

8

Q. Okay. Once again her evidence  
was that when she left for lunch you were in the  
room. I take it having no recollection you could  
neither confirm nor deny that?

9

A. That is right.

10

11

12

Q. Now other than your observation  
as to the difficulty in feeding, do you have any  
recollection of the events leading to the arrest?  
Were you there when the child arrested?

13

A. I can't recall.

14

15

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21

Q. And again if it is of any  
assistance to you in the hope that it might jog  
your memory, as I recall Mrs. Scott's evidence you  
were not there. Indeed she got back and then a  
little while later sat the child up to burp him and  
he immediately got in trouble and she called out.  
That is my recollection of her evidence, and I  
think at that stage you came in. But you have no  
recollection of it?

22

A. No, I don't.

23

24

25

Q. And again can neither confirm  
nor deny any recollection that Mrs. Scott has?







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PE14

A. Right.

3

Q. And I take it you were present  
at the resuscitation effort?

4

5

A. Yes.

6

Q. Do you have any recollection  
of that, what you were doing?

7

8

A. No, I don't.

9

Q. Having no recollection of  
the night I take it you cannot tell me whether at  
any time during the night you administered any  
medication to that child?

10

11

12

A. No, I can't.

13

Q. Do you know that you did not?

14

A. I don't know that I wouldn't.

15

I would have no reason to, but I can't - I have no  
reason to have given medication.

16

17

Q. Well, I accept that, but let  
me ask the question bluntly and frontally on this  
one: are you able to tell me that you did not  
administer to that child that night, Brian Gage,  
the night of September 24-25, any medication that  
was not prescribed for him? Can you tell me that?

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A. Yes.

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BmB.jc  
FF.11  
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Q Can you also tell me that you did not, even if you may have administered a prescribed medication for him, that you did not administer to him anything other than a prescribed dose?

A That would be correct.

Q Can you be confident of that?

A Yes, I can be.

Q And fairly on page 104 of the chart it appears that all of the medications which were to be administered during the shift were administered and signed by Mrs. Scott. Do you have any recollection of administering any of those medications for her?

A No, I don't.

Q Well, whether you knew or not, and I accept what you tell me of course, that you did not know that during your four weeks' absence there had been one death, that of Laurette Heyworth, there was the death on your first night back, the first shift you worked after coming back to the Hospital, upon coming back to the Hospital, Brian Gage died?

A Yes.

Q Was there any comment about that





FF.2

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in the Hospital on the floor that you heard that,  
you know, it's the first death in some time?

4

A. No. I can remember a comment  
by Liz when she said to me it was your first night  
back.

6

7

Q. Sympathizing with you I take it?

8

A. Yes, not a nice way to come back.

8

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Q. Well, on the morning of  
September 25th, Gage having died in the night, did  
it seem to you that you were continuing where you had  
left off back in August? The last night before you  
left a child had died, the first night you got back  
a child had died.

14

15

A. Well, I saw that infant as being  
very sick and I just took it at face value that that  
infant was ill.

16

17

18

19

Q. Well, even accepting that a  
patient is very sick and indeed terribly ill, in  
danger of dying, I take it that a death on the ward  
while you are present is a very unpleasant experience?

20

A. Yes.

21

22

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Q. And in the sense of the flow  
of unpleasant experience, did it seem to you on the  
morning of September 25th that you are picking up  
exactly where you left off when you last worked on  
August 24th?







FF.3

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A. No, it didn't.

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Q. Were you at all apprehensive  
that deaths might continue to occur?

5

A. No.

6

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Q. Mrs. Trayner, how could you not  
be apprehensive. Was there any reason to believe  
that the ward population was now not so sick as to  
be in danger of dying?

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A. Well, when the children died in  
July and August we took it as one child at a time.  
Right now we can look back and say, yes, we've had  
seven in two months but when they were dying it was  
one infant and one baby that we dealt with. I don't  
know if I made a connection at that time that there  
were a lot of babies. I knew that these babies were  
dying but I don't know if I made a connection that,  
you know, they were all dying on us. I realized I  
had more deaths than I had on 5A but then I realized  
that these infants were sicker. I remember feeling  
very exhausted on the Sunday morning but then again  
I had had a very exhausting night.

21

Q. Yes.

22

23

24

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A. We had two children die that  
night and I had dealt with two sets of parents; I then  
had a break, I went away, I came back, I was refreshed,





FF.4

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I was relaxed and I was ready for work again. I don't know.

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Q. Let me just follow up for a moment what you said about July and August and the deaths were one death at a time, one child at a time. I have some difficulty with that, Mrs. Trayner, because as at the end of July had not the cumulative effect of the deaths taken you to the point where you felt a stress level which you felt obliged to communicate to the head nurse?

11

12

A. I don't remember talking to the head nurse.

13

14

Q. I'm sorry, to Mrs. Bell about it, did you not - I am sorry, Mrs. Browne?

15

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A. But I spoke to Mrs. Browne about one baby, Amber Dawson. That had upset me because of not being able to get in touch with that mother for three hours and because I wouldn't be there to talk to the mother and to deal with her, that had upset me. I can remember speaking to Carol Browne, I don't know when it was though. The one instance that's there that I can remember for sure was with Amber Dawson only, it wasn't for a bunch of babies, it was for the one infant.

Q. Well, is it your suggestion,





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Mrs. Trayner, that Carol Browne's recollection was at fault when she said, as I read to you, that at the end of July you and Susan Nelles spoke to her about the deaths, the question was:

"Did they express concern to you at that time regarding the number of deaths that were taking place?"

And Carol Browne fairly said:

"It wasn't so much I think at that time concern about the number but the fact that deaths were occurring and they were questioning their competence, had they responded quickly enough, had everything been done, had they picked up on things."

There was surely a cumulative effect to those deaths which occurred one at a time, was there not?

A. I can recall talking to Carol Browne. Now, I can't recall the first couple of arrests, but as you can imagine, they probably were horrendous.

Q. No doubt they were and no doubt you remembered them throughout the summer of 1980, did you not?







FF.6

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A. I may have, yes.

(2)

3

Q. You can't remember them now, but

4

then they would be fresh in your memory?

5

A. And it may have been at the end

6

of an arrest or after the infant had died that we

7

would have seen Carol in the morning and I could have

8

mentioned it to her then. But I can't specifically

9

Q. Do you challenge her recollection?

10

MR. THOMSON: Mr. Commissioner, I

11

don't think the lady has challenged anything and I

12

think the witness has really been as forthcoming as

13

she can. I think that, with respect, being repetitive

14

at this time of the day with respect to this issue is

15

really not advancing the process in any way.

16

THE COMMISSIONER: Well, isn't he

17

entitled though, Mr. Thomson, to find out whether or

18

not, how firm she is on the question. She has said

19

that she didn't but it is legitimate to put someone

20

else's evidence and then say, is it possible or

21

something to that effect, could that have been or

22

could it not have been. That has always been my

understanding of an appropriate question. There comes

a time of course --

23

MR. THOMSON: Well, to my understanding

24

25





FF.7

1  
2 of the appropriate question, Mr. Commissioner, you  
3 have just made the point, there comes a time and I  
4 was suggesting we have come to that time but you may  
5 rule we haven't and that's exactly the point I was  
6 making.

7 THE COMMISSIONER: Well, I don't think  
8 we are quite at that time, so, you carry on and find  
9 out whether or not her memory is good enough to say  
10 it did not happen. That really is what we are after.

11 MR. LAMEK: That's essentially the  
12 question.

13 Q Are you able to say that Mrs.  
14 Browne's recollection of a conversation in which the  
15 concern was not about the number but about the fact  
16 that deaths were happening and your nurses were  
17 questioning their competence, wondering whether they  
18 had missed anything. Are you able to say that that  
19 conversation didn't occur and that Mrs. Browne's  
20 recollection is at fault?

21 A No.

22 Q And is it fair to say, or perhaps  
23 I should ask you your understanding, was it your  
24 understanding too that the morbidity and the mortality  
25 conference which took place in your absence took  
place in response to expressions of concern about the





FF.8

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deaths that had been occurring on the ward?

3

A. Yes.

4

Q. Concern by the nurses?

5

A. Yes.

6

Q. Now, we know that from August

7

24th when you left until the date of that first M&M

8

conference there was but one death and that was

9

Laurette Heyworth. So, I take it you will agree

10

with me, Mrs. Trayner, that such concerns as there

11

existed to prompt the holding of that conference were

12

based upon the death which had occurred before you

left? Is that a fair inference to draw?

13

A. Yes.

14

Q. And therefore is it fair to say

15

there was indeed an enhanced level of concern, stress

16

is the word you used, I will accept that, among the

17

nursing staff resulting from the experience of deaths

18

in July and August; whether people counted them up on

19

their fingers or not, there was an experience of

death which was causing concern to the nursing staff,

20

was there not?

21

A. Yes.

22

Q. And had you not felt that

before you left?

23

A. Yes.

24

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FF.9

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Q And now you come back and the first night back it seems to be for you at least starting all over again, exactly where you left off, isn't it?

A But I didn't see it like that.

Q This was another death, just another death?

A Maybe it was that I was better rested and I was able to deal with it and I was able to cope with it. I didn't know that baby at all either, there was no emotional attachment to that baby, I didn't know the parents. I came on and the baby was there for just the night shift, so, I didn't see it as, well, these deaths are starting again.

Q And for all you know they had never stopped, is that fair?

A I never questioned it, that's right.

Q For all you knew they could have continued at the same rate throughout the last week of August and the first three weeks of September, you didn't know anything to the contrary, did you?

A No.

Q Right. Did you relish the prospect of getting into another 3, 4, 5, 6, 8 week





FF.10

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period such as you had experienced in July and August;  
clearly you did not, did you?

A. No.

Q. Did you not have some  
apprehension when you came back that maybe you were  
back into that again?

A. No, I didn't.

Q. In fact, as events turned out  
you had three weeks of freedom from death on the ward.  
As Mrs. Radojewski said, how unfortunate it was that  
there was a death on your first night back but there  
was not another thereafter until Richard McKeil died  
on October 15th, 1980, three weeks later at 4:27 in  
the morning.

Once again, he was in Room 418, you  
were the team leader, Miss Nelles was in charge of  
the patient, Marianna Christie was on the floor, as  
was Janet Brownless, and this was the first time  
Janet Brownless had been present for a death since  
she had joined your team, was it not, or joined the  
Hospital for that matter?

A. I can't recall that.

Q. Well, if you can trust my chart  
there is not an "X" in her column at any time prior  
to this one.





FF.11

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2

A. Right.

3

Q. All right. Once again, let's

4

set the stage for the nursing assignments.

5

The long shift that started Tuesday

6

evening, October 14th, you as team leader had two

7

patients in Room 426, Miss Nelles four in 418,

8

including the McKeil baby, Mrs. Christie six patients

9

in Room 421, Miss Brownless one patient in 418, four

10

in 425 and one in 423. Do you have any recollection

of Richard McKeil?

11

A. No, I don't.

12

Q. Do you have any recollection of

13

the events on the night which he died?

14

A. No, I don't.

15

Q. You don't recall seeing him at

all that night?

16

A. No.

17

Q. Presumably you did when you went

18

on rounds?

19

A. Presumably.

20

Q. When you go on your rounds,

21

Mrs. Trayner, I take it you don't just stand and look

22

for a couple of minutes at the baby, you talk to the

nurse in charge of him?

23

A. Yes.

24

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FF.12

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Q And is she always there when  
you visit the child, do you ask her to be present?

A. No.

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Q. So you may go into a room and the nurse is not there?

A. Yes.

Q. What do you do when you go to a child's bedside when you are doing rounds?

A. We have a look at the baby, and assess the child. We can ask the nurse questions, see how the problems, or if there is any problems.

Q. Yes.

A. If there is anything that we were concerned about and I want to check on, to make sure that they are all comfortable and that the nurses are doing well.

Q. If the child is having vital signs taken hourly, or more frequently than that, I take it the sheet is in the room with him, is it?

A. Yes.

Q. You would check that in that case?

A. Yes.

Q. Would you take a look at the chart as well as part of your doing rounds, would you stop at the nursing station and examine the child?

A. No I check the charts during that night thoroughly.





1

Q. Right.

2

A. I wouldn't do that on rounds.

3

Q. How frequently do you do rounds?

4

A. About every hour.

5

Q. Was that standard - I am sorry,

6

I didn't mean to interrupt you.

7

A. I would go around, or the team

8

leader would go around just to make sure everything

9

was on.

10

Q. Was that the standard practice

11

for team leaders on the cardiology unit, hourly rounds?

12

A. Yes.

13

Q. To the best of your knowledge

14

did Mrs. Bell make rounds on her side of the floor

15

on an hourly basis?

A. Yes, she did.

16

Q. Those are the team leader's

17

rounds?

A. Yes.

18

Q. On the rounds that you make

19

with the night supervisor in addition to those?

20

A. Yes.

21

Q. And then you have got all your

22

other paper work to do, you have got your NAR vel

23

scoring to do?

24

A. Yes.

25







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Q. A host of other things.

3

You have to assess what needs you might have so you  
4 can tell the night supervisor about those the next  
5 day, for the next day on the ward?

6

A. Right.

7

Q. Occasionally you have patients  
of your own to look after?

8

A. Right.

9

Q. And occasionally you have people  
10 to relieve while they go on breaks?

11

A. Right.

12

Q. I am beginning to understand  
13 why you have difficulty remembering individual children  
14 in some cases. You have no particular recollection of  
Richard McKiel?

15

A. No.

16

Q. And you can't help us with  
17 that?

18

A. No.

19

Q. You have no recollection of  
20 having administered any medication to that child that  
21 night, I take it?

21

A. No, I have no recollection.

22

Q. Then we come to a child who  
23 died four days later, a child called Antonio Adamo.

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Now for the first time in some considerable time we have a child who dies in the late afternoon rather than in the very early hours of the morning. Do you remember Antonio Adamo?

A. Yes.

Q. You were on duty, as was Janet Brownless, you had Mary Cooney working with you on the floor that day and she was acting as the nurse in charge of Adamo was she not, she was assigned to him?

A. Yes, she was.

Q. And you have a couple of people who worked short shifts on 4A that day. I believe you had Nurse Pigeon and Nurse Archibald, do you remember that?

A. I can't remember their names.

Q. It appears from the assignment book. It seems that you in charge had three patients in - no, you were in charge with no patients. Mrs. Cooney had three in 418, one of whom was Adamo. Mrs. Brownless had five patients in Room 421. Miss Archibald had helped in the morning that was shared with 4B but wasn't with you in the afternoon. Miss Pigeon was with you relieving in the afternoon and had two patients in 426, two in 425 and two in 418.





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2

Do you remember Antonio Adamo?

3

A. Yes.

4

Q. Would it be useful for you to  
have the chart for this child?

5

A. Yes.

6

MR. LAMEK: Mr. Registrar, could we  
have the chart please for Antonio Adamo.

8

THE REGISTRAR: Yes.

9

MR. LAMEK: It took nearly 130 days,  
Mr. Commissioner, but I finally got him.

10

THE COMMISSIONER: You will have even  
more glee when you catch somebody else that I know of.

12

MR. LAMEK: I will say it sotto voce  
on that occasion.

13

14

Q. Can you help us please, what  
do you recall about Antonio Adamo?

15

16

A. I can remember that the  
report in the morning, that the night nurses were a  
little concerned with the baby but nothing more than  
they were concerned.

17

18

19

20

Q. I am sorry, I missed the last  
part.

21

22

A. Nothing more than just concerned,  
they were concerned, I can't say why they were concerned.  
I can just remember that they were concerned. I can

23

24

25







6 1  
2 remember a doctor examining him during the morning  
3 and I can remember that I was inserting a nasogastric  
4 tube down about 4:15 and the baby arrested.

5 Q. The baby had an arrest while  
6 you were putting a nasogastric tube down?

7 A. Right.

8 Q. I take it that putting a naso-  
9 gastric tube into the child is not something that  
10 Mary Cooney could do?

11 A. Right.

12 Q. It was something that had to  
13 be done for her by a registered nurse, I take it?

14 A. Right.

15 Q. And it was a task that you  
16 undertook for her?

17 A. Yes.

18 Q. I take it it is a thing you  
19 have done scores of times before with children?

20 A. Yes.

21 Q. Perhaps hundreds of times?

22 A. Yes.

23 Q. Have you ever heard of an  
24 arrest being triggered by, or accompanying the putting  
25 in of a nasogastric tube?

A. Not at that time, no.





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Q. And you have no reason to think I take it that the insertion of a nasogastric tube would in any way endanger the child?

A. No, I didn't.

Q. Indeed it may have been sheer coincidence that the insertion of the tube coincided with the arrest of the child?

A. Yes.

Q. How was he at the time that you went in to insert the tube?

A. I was inserting the tube because he had not been drinking well and in order to get fluid into him, or the formula, I had thought of tube feeding him.

Q. Did he appear to be stable, unstable, at the time, how was he?

A. I can't recall.

Q. In the nursing note, it does not greatly help you I take it? It is found on page 35, and it is your note I think, is it not? You record that at 1615 hours approximately while passing a number 8 NG tube to help supplement feeds babe went into seizure like activity. Noted to have severe problems breathing. A 23 was called at this time for doctor, is that Lepzic?





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A. Lepzic.

3

4

Q. While extending neck and giving  
AR, is that artificial respiration?

5

A. Yes.

6

Q. We noted the apex to be in  
a very slow bradycardic rate.

7

A. Less than 50.

8

9

Q. I am sorry, less than 50, thank  
you. A 25 was called --

10

THE COMMISSIONER: Excuse me, it says  
more than 50.

11

12

MR. LAMEK: It does say more than 50.

13

THE COMMISSIONER: I guess it means  
less than 50, that is the trouble with hieroglyphics

14

15

MR. LAMEK: Mr. Scott knows about those  
little sideways arrows, he will help you.

16

17

THE WITNESS: The sign is wrong, I  
did it wrong.

18

19

Q. Your recollection is that the  
rate was below 50?

20

A. I had bradycardic so it would  
have to be below 50 then.

21

22

23

Q. All right. 25 was called,  
baby was bagged and cardiac compression was started.  
Resuscitation effort followed and without success?

24

25







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A. Right.

3

Q. I don't see anything to suggest

4

that at the time that you went in to pass the naso-

5

gastric tube into the child, he appeared to be

6

particularly precarious. Did it take you completely

7

by surprise when he went into this pattern of activity

8

when you passed the nasogastric tube?

9

A. When he stopped breathing, yes.

10

Q. Took you totally by surprise

I take it?

11

A. Yes.

12

Q. Nothing in his condition that

13

led you to expect that just like that this child would

14

stop breathing and arrest?

15

A. No.

16

Q. Had you had any prior contact

17

with the child during the shift, prior to going in

18

A. I would have if he was on

19

medication, I would have been giving medications

20

for Mary Cooney.

21

Q. Okay. The assignment book

22

sometimes records who is to do medications in rooms

23

where there are RNA's doesn't it. In this case it

24

doesn't, and is it your recollection that you were

25





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doing medications for RNA patients?

3

A. Yes.

4

Q. Page 76, thank you. The med sheet is 75-76, and indeed it does disclose that at 0730 you signed for the 6 o'clock dose of mandol, and at 1300 hours for the noon dose of mandol?

7

A. Yes.

8

9

10

Q. It may not greatly matter but do you recall why those administrations of medication were off the times?

11

12

A. The IV was interstitial and they had to stagger the hours.

13

14

15

16

Q. And no other medications appeared to have been given that day. I am sorry, that's right, we do it on different pages for different drugs, don't we. That's right, you recalled at 10 o'clock dose of digoxin signed by you?

17

A. Yes.

18

19

Q. There is then a note discontinued for evening dose?

20

A. Yes.

21

22

Q. Similarly aldactazide at 10 o'clock was signed for by you?

23

A. Yes.

24

25

Q. To be discontinued in the evening





1

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dose?

3

A. I think the orders had been  
changed on that, yes.

4

5

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Q. Do you know why the digoxin  
order was changed? The order on page 74 says, digoxin  
level tomorrow. Was that normally a reason for  
discontinuing the evening dose, was the child, had  
he just been digitalized?

9

A. He had been digitalized.

10

11

12

13

Q. So you would hold it until you  
get the level and make sure you have the correct level  
of digitalization and proceed with a maintenance dose,  
a normal dose.

14

15

MR. ROLAND: The reason this was  
discontinued is because the child was dead by then  
at 2100, he died on the 19th at 1715.

16

17

18

19

MR. LAMEK: It is not normal to  
write a discontinue order after the death is it,  
that order would have been written before death would  
it not?

20

21

MR. ROLAND: I am sorry, it would be  
discontinued once he is dead.

22

23

24

25

MR. LAMEK: It would be an exercise  
in super arrogation to discontinue an order for  
medication on a child already dead I believe, I







12 1 would have thought.

2 Q. It does appear from the order  
3 doesn't it that the digoxin, the dose that he had  
4 been receiving was a digitalizing doses?

5 A. Yes.

6 Q. And he was to have a digoxin  
7 level in the morning?

8 THE COMMISSIONER: No, the discontinue  
9 could easily have been written in before death, could  
10 it not?

11 MR. LAMEK: Oh yes, I am assuming  
12 that.

13 THE WITNESS: As you see on page 76  
14 it is there, just to tell you where to start.

15 Q. It was to start again the  
16 evening dose on the 20th?

17 A. Right.

18 Q. And it really does suggest  
19 discontinue and restart order was written before the  
20 child died?

21 A. Right.

22 Q. In fact there was some concern  
23 about the death of Antonio Adamo, was there not?

24 A. That's right.

25 Q. And did that arise primarily





13 1  
2 because of the particular circumstance of his arrest,  
3 arresting at the time that a nasogastric tube was  
4 being inserted into him?

5 A. Yes.

6 Q. Did you have concern because  
7 of that?

8 A. Yes, I did.

9 Q. And was that concern shared  
10 by other nurses on the floor?

11 A. I think it was, yes.

12 MR. LAMEK: Mr. Commissioner, it will  
13 take a few minutes to deal with that. I wonder if  
14 we can leave that until the morning please.

15 THE COMMISSIONER: Yes, all right.  
16 Then we will rise until 10 o'clock.

17 MR. HUNT: Mr. Commissioner, I wonder  
18 if I might make a comment.

19 THE COMMISSIONER: Yes, I wonder if  
20 I could ask everyone please to just remain seated.

21 MR. THOMSON: May the witness be  
22 excused please now?

23 THE COMMISSIONER: Yes, certainly.

24 MR. THOMSON: It has nothing to do  
25 with you directly anyway.

---Witness withdraws.





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THE COMMISSIONER: Yes, Mr. Hunt.

3

MR. HUNT: Sir, it is a matter I wish

4

to draw your attention to and comment on at this time.

5

It is a matter that I know has concern with Mr.

6

Sopinka, and Mr. Brown and has been drawn to my

7

attention this morning by Mr. Brown.

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Apparently according to a television newscast last night some lawyers of this inquiry indicated outside the hearing room relating to Miss Nelles' evidence that they had a feeling that she was holding information back from this Commission. That matter was, as I indicate, reported on a television newscast last night.

Now, I have indicated to my friend, and I know he accepts this, that insofar as anyone connected with the Ministry of the Attorney General is concerned that is neither our sentiment nor a comment made by any of us, and inasmuch as it was not attributed to any particular counsel, I want you, sir, to know, along with my friends and along with the public as well, inasmuch as it appears over the last week that certainly myself and Mr. Percival have been cast in the role of villain to a certain extent here, that that is not a comment which any of us are associated with.

THE COMMISSIONER: Yes. All right.  
Thank you very much.

Mr. Brown?

MR. BROWN: Thank you, sir.

My friend has outlined to you the comment that was attributed to apparently counsel who





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appear before this inquiry. When I heard of the matter, I was confident that my friend and also Mr. Percival had not made that comment, and I certainly accept Mr. Hunt's assurance that that was not the case.

As you can be apprised, sir, we are greatly concerned that counsel appearing before the Commission have suggested Miss Nelles held information back from the Commission. If such comments were made by counsel who appear here, they are certainly unfounded.

Miss Nelles testified fully and freely before this Commission and was thoroughly cross-examined by all counsel.

In addition, sir, if such comments were made by counsel, they fly in the face of the opinion which you expressed to all counsel on February 22, 1984.

We are presently considering our remedies, and Mr. Sopinka may wish at a later date to make a submission to you on this matter.

THE COMMISSIONER: Yes. All right.  
Thank you.

I just emphasize that I have never forbidden counsel to speak to the press. They can do





HH3 1  
2 it, but they do it at considerable risk. It is,  
3 as I have told you before, I know I can't be trusted;  
4 therefore, I don't speak to the press. I wish  
5 counsel would realize they can't be trusted too, unless  
6 they happen to be those rare ones who can.

7 The press are very good at getting  
8 you to say something, and I am always afraid that I  
9 am going to say something that I will regret, and I  
10 think the same thing can happen with you. Now that  
11 is not an order not to say it, but it is a request,  
12 please, to be very, very careful with what you say to  
13 the press.

14 If anyone thinks that any witness  
15 is withholding something, the opportunity will come  
16 to make that argument, and that argument can be dealt  
17 with by Mr. Sopinka or Mr. Brown or whoever else it  
18 is alleged to be, and that is the fair and proper  
19 way of doing it. It is not the fair and proper way  
20 in my view to go to the press and make your comments  
21 to them where they can't be answered, and in my view  
22 it is improper.

23 I haven't been asked and I don't  
24 intend to do anything more about it, certainly at this  
25 time.

26 All right. Anything else? You just







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want to make a hasty retreat, Mr. Thomson, or did you have something to say?

MR. THOMSON: I have nothing to say.

THE COMMISSIONER: All right, until ten o'clock tomorrow morning.

--- whereupon the hearing was adjourned at 4:35 p.m. until Thursday, the 12th day of April 1984, at 10:00 a.m.







